



Hennepin County Sheriff's Office Crime Laboratory

531 Park Avenue South Minneapolis, Minnesota 55415 612-596-7010

An ASCLD/LAB-*International* Accredited Testing Lab



Request for Laboratory Examination Supplement

Use this form to list additional items of evidence being submitted to the laboratory that exceed the space available on the RFLE.

| | | | |
|--------------------|----------------|----------------|--------------------|
| | | LIMS Entry By: | Laboratory Case #: |
| Submitting Agency: | Agency Case #: | Offense Type: | Offense Date: |
| Offense Address: | | Offense City: | |

The laboratory reserves the right to select the most appropriate methods for the examination of the items submitted, including which items to test. Additional information regarding the laboratory's evidence submission, examination, and testing procedures is available upon request.

| Lab Item # | Agency # | Description of Evidence (Please associate evidence with appropriate individuals) | Examination(s) Requested |
|------------|----------|---|---|
| | | | L = Latents B = Biology F = Firearms S = Storage |
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| Evidence Submitted By (Print Name - First & Last) | Signature | Time Received |
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| Evidence Received by (Print Name - First & Last) | Signature | Date Received |
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