

FORENSIC LABORATORY EXAMINATION REQUEST

1. TO: <input type="checkbox"/> USACIL 4930 N. 31st Street Forest Park, GA 30297-5205 <input type="checkbox"/> FXL <input type="checkbox"/> AGENCY DFE <input type="checkbox"/> Have any of the items ever been submitted to any other laboratory? (Specify)	2. FROM: 3. RETURN EVIDENCE TO:	4. EXAM PRIORITY <input type="radio"/> ROUTINE <input type="radio"/> EXPEDITE <input type="checkbox"/> TRIAL DATE: _____ <input type="checkbox"/> Subject in pre-trial confinement <input type="checkbox"/> Subject Pending PCS/Separation Date: _____ <input type="checkbox"/> Other (Specify in block 13)	5. LAB USE ONLY a. LAB CASE # b. RECEIVED DATE
6. SUBMITTING AGENCY/UNIT CASE NUMBER		7. TYPE OF OFFENSE	
8. PREVIOUS EVIDENCE SUBMITTED OR PRE-SUBMISSION LAB CASE NUMBER			
DATE:		MAIL METHOD:	LAB CASE #:
9. SUSPECT(S) [Last, first and middle names(s)]		10. VICTIM(S) [Last, first and middle name(s)]	
11. BRIEF DESCRIPTION (SYNOPSIS) OF CASE FACTS THAT MIGHT ASSIST THE LABORATORY IN EXAMINING OR EVALUATING THE EVIDENCE OR ADDITIONAL DOCUMENTATION ATTACHED (e.g., Summary of investigation, crime scene sketches/photographs, statements, SA kit paperwork)			
12. EVIDENCE SUBMITTED			
a. EXHIBIT	b. DESCRIPTION OF EXHIBIT WITH ALTERNATE ID (ECM ITEM NUMBER)		

12. EVIDENCE SUBMITTED (Continued)

a. EXHIBIT	b. DESCRIPTION OF EXHIBIT
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13. EXAMINATION(S) REQUESTED (Briefly furnish any information or instructions that might assist the laboratory in examining the evidence)

14.a. INVESTIGATOR AND ALTERNATE POC (Typed or printed) (Mandatory information)	b. TELEPHONE (Primary/Alt):
	c. DSN (Primary/Alt):
	d. E-Mail:

15.a. DATE	b. TYPE/PRINTED NAME OF REQUESTOR	d. TELEPHONE (Primary/Alt):
	c. SIGNATURE	e. DSN (Primary/Alt):
		f. E-Mail:

	16. LAB USE ONLY
	LAB CASE #