### **STATE OF CONNECTICUT**

DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION

DIVISION OF SCIENTIFIC SERVICES

278 COLONY STREET, MERIDEN CT 06451

# **REQUEST FOR ANALYSIS**

Laboratory Identification Number Barcode



Laboratory
Use Only

(203)	539-6400 MAIN ; (203) 639-6484	FAX ; ct.forensicla	ab@ct.gc	V														OF THE AND PUBL	ist,		JC 01	<i>y</i>				
Is there an existing DSS laboratory case # for this incident?  If "Yes", Laboratory Number:													Officer/SA Requesting Analysis (type or print legibly):													
Submitting Agency Information (type or print legibly): Offense (related to submission):														Nar	ne (Fir	st/Last	t):									
							of Incident:										Phone:									
Address	<b>5:</b>	Inciden							E-IV	E-Mail:																
Phone:				Agency	Case N	ımber	:							Alte	rnate	Conta	ct Pe	rson:								
					SPBI#/F	BI#	Na	me of	Suspe	uspect (Last, First, M)						est Mad	le? [	? DOB	Sex	Race	SPBI#/FBI#					
History	related to requests below (at	ttach police repo	orts or s	earch wa	rrant re	levant	to red	auests	:):										I	1						
Informa	ation on Evidence Submitted:				Ту	pe of E	xamiı	nation	Requ	ested	l (che	ck box	x)							Resp	ond: Ye	es or No				
											Ì											Was this				
					4 ₹	ts*	/as		NIBIN Kiosk Entry Made By Agency	Fire Debris/GSR	10		lod	ice	.0					Was t evide		evidence collected				
Agency					Biology/DNA	Latent Prints*	Evidence Was	s su	Kiosl By A	ebris	Controlled Substances	Toxicology	Blood Alcohol Conversion	Digital Device Analysis	Video/Audio	nts/ rear				collec		from the				
Item#/					golois	aten	vider	Firearms	IIBIN	ire D	Contro	Oxico	Slood	oigita Analy	/ideo	Imprints/ Footwear				the pr crime		suspect's person or				
Exh#	Briefly describe the contents of ea	ch package of evide	nce				шч	ш.	22		0 0,		шО	<u> </u>			Othe	r (Explain)		scene	?	possession				
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If I aton	t Prints were developed, plea	ase list other me	thods	sed heve	nd CA f	ıming	and n	owde	 r·																	
	ase a missing person or unide			iseu beyo	If yes,	_	_			numh	er.				معدما	attach	n Mis	sing Perso	n Addit	ional In	fo forn	n				
	ng Officer (Print Name and Si		•		11 yes,	Jicase	PIOVI	ae IVA			y Date	a:						Email:	, Auult	ionai III	10 10111					
Ciiveii	ing officer (i fille Haille alla Si	.Ba.ca. c.j.									, 540	••				_										
													Locker Number (if used):					Delivering Officer's Phone #:  Locker Transferred Case To (if applicable):								
Receive	d By (Lab) (Print Name and Si	ignature):							Lo	cker	Numb	er (ıf	used):	:   L	ocker '	ıranste	erred	case To (	іт аррііс	abie):						
									!																	

Agencies submitting evidence to the Division of Scientific Services for specific analysis agree to allow the Division to determine the appropriate methodology for the evidence submitted and agree to the use of either handwritten or electronic signatures on Division reports. Agencies also agree to a simplified report where the dates of performance of laboratory activity will not be on the reports but available upon request. Descriptions of analyses offered by the Division are detailed on our website. If the Division needs to deviate from standard test methodologies you or your agency will be contacted prior to the analysis being performed. The Division reserves the right to use contract laboratories to perform case analysis as needed. This contract laboratory will be client to the electronic signatures on Division may share case information as intelligence to the Division may share case information as intelligence to the submitting agency. The Division may share case information as intelligence to a signature on Division may share case information as intelligence to the submitting agency. The Division may share case information as intelligence to a signature on Division may share case information as intelligence to Division may share case information as intelligence to the submitting agency. The Division may share case information as intelligence to the submitting agency. The Division may share case information as intelligence to the address of the contract laboratory propert to the submitting agency. The Division may share case information as intelligence to the Division may share case information as intelligence to the Division may share case information as intelligence to the Division may share case information as intelligence to the Division may share case information as intelligence to the Division may share case information as intelligence to the Division may share case information as intelligence to the Division may share case information astantant property of the Division may share case information as in

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# REQUEST FOR ANALYSIS CONTINUATION

Laboratory Identification Number Barcode



Laboratory
Use Only

An Affirmative Action/Equal Opportunity Employer

SOP-ER-02:1 Rev 6 (01/15/2024)

Is there	an existing DSS laboratory case # for this incident?	If "Yes",	Labora	tory N	lumb	er:											
Information on Evidence Submitted:			e of Ex	amina	tion F	Reque	sted	(check	k box)						Respond:	Yes or No	
Agency Item#/ Exh#	Briefly describe the contents of each package of evidence	Biology/DNA	Latent Prints*	Evidence Was Fumed	Firearms	NIBIN Kiosk Entry Made By Agency	Fire Debris/GSR	Controlled Substances	Toxicology	Blood Alcohol Conversion	Digital Device Analysis	Video/Audio	Imprints/ Footwear	Other (Explain)	Was this evidence collected at the primary crime scene?	Was this evidence collected from the suspect's person or possession	
								1									
								-									
	ion Requested Definitions:											<u>.                                    </u>		te for additional informati			
<ul> <li>Controlled Substances: physical material tested to determine its composition as a controlled substance.</li> <li>Toxicology: biological evidence tested for the presence of a toxic or illicit compound.</li> <li>Blood Alcohol Conversion: medical records submitted for conversion.</li> <li>Digital Evidence: examination of stored digital data information; QR-CC-1 (Incoming Evidence Checklist) must accor</li> <li>Video/Audio: examination/enhancement of media files including analog/digital media and DVRs.</li> <li>* All Latent Print non-porous evidence must be fumed prior to submission unless other arrangements have been made.</li> <li>**Fill out only if a D</li> </ul>								Please contact DESPP DSS Case Management for examination inquiries:								quiries:	
		*REQUEST F	OR EXAM	IINATIC	ON OF	SPECIN	IENS F	OR ALC	OHOL/	DRUGS		Prop	thaluzar	Collection Information			
Incident Type: DUI: DUI MVA: DUI FATALITY:								Droath	alvaor N	Number:		biea	tilalyzei				
Source Name (If multiple sources, submit additional page 2):								Dieatti	aiyzei i	vuilibei.				Staple Copy of Script(s)			
Suspected Drugs (If any):								Result	1 (If tak	ken):				Date/Time:			
Address o					Result 2 (If taken): Date/Time:												
City:	State:	Zip Co	Zip Code: List any Issue:														
	ng a urine sample following a breath alcohol test, collect only (1) urine san t: Ensure lids to containers (especially urine cups) are secure/tight to avoid	•		-			•			•		ndjudica	ation.				
Delivering Officer (Print Name and Signature):						Deli	very	Date:			Agei	Agency Case Number:					
Receive	d By (Lab) (Print Name and Signature):																