

STATE OF CONNECTICUT

DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION

DIVISION OF SCIENTIFIC SERVICES

278 COLONY STREET, MERIDEN CT 06451

(203) 639-6400 MAIN ; (203) 639-6484 FAX ; ct.forensiclab@ct.gov

REQUEST FOR ANALYSIS

Laboratory Identification Number Barcode

**Laboratory
Use Only**

| | | | | | | | | | | | | | | |
|--|--|------------|---|-------------|-------------------|--|---|--|---------------------|------------|------------|-------------|-------------------|--|
| 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): | | | | | Name (First/Last): | | | | | | |
| Agency Name: | | | Town of Incident: | | | | | Phone: | | | | | | |
| Address: | | | Date of Incident: | | | | | E-Mail: | | | | | | |
| Phone: | | | Agency Case Number: | | | | | Alternate Contact Person: | | | | | | |
| Name of Victim (Last, First, M) | | DOB | Sex | Race | SPBI#/FBI# | | Name of Suspect (Last, First, M) | | Arrest Made? | DOB | Sex | Race | SPBI#/FBI# | |
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History related to requests below (attach police reports or search warrant relevant to requests):

| Information on Evidence Submitted: | | Type of Examination Requested (check 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? |
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If Latent Prints were developed, please list other methods used beyond CA fuming and powder:


Is this case a missing person or unidentified remains?

If yes, please provide NAMUS number:

Please attach Missing Person Additional Info form

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|---|---------------------------------|--|
| Delivering Officer (Print Name and Signature): | Delivery Date: | Delivering Officer's Email: |
| | | Delivering Officer's Phone #: |
| Received By (Lab) (Print Name and Signature): | Locker Number (if used): | Locker Transferred Case To (if applicable): |
| | | |

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 serves to inform you as the client of this potential event. In the event a contract laboratory is used the name and address of the contract laboratory will be stated on the laboratory report to the submitting agency. The Division may share case information as intelligence leads with other law enforcement agencies. Any concerns or specific requests about the required testing can be discussed with the section Deputy Director or Director prior to case analysis.

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| <p>STATE OF CONNECTICUT DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION DIVISION OF SCIENTIFIC SERVICES 278 COLONY STREET, MERIDEN CT 06451 (203) 639-6400 MAIN (203)639-6484 FAX CT.ForensicLab@ct.gov</p> | <p>REQUEST FOR ANALYSIS</p> <p>CONTINUATION</p> | <p><i>Laboratory Identification Number Barcode</i></p> <div style="display: flex; justify-content: space-between; align-items: center;">  <p>Laboratory Use Only</p> </div> |
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