

**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**

<b>Is there an existing DSS laboratory case # for this incident?</b>			<b>If "Yes", Laboratory Number:</b>				<b>Officer/SA Requesting Analysis (type or print legibly):</b>					
<b>Submitting Agency Information (type or print legibly):</b>			<b>Offense (related to submission):</b>				<b>Name (First/Last):</b>					
<b>Agency Name:</b>			<b>Town of Incident:</b>				<b>Phone:</b>					
<b>Address:</b>			<b>Date of Incident:</b>				<b>E-Mail:</b>					
<b>Phone:</b>			<b>Agency Case Number:</b>				<b>Alternate Contact Person:</b>					
<b>Name of Victim (Last, First, M)</b>	<b>DOB</b>	<b>Sex</b>	<b>Race</b>	<b>SPBI#/FBI#</b>	<b>Name of Suspect (Last, First, M)</b>	<b>Arrest Made?</b>	<b>DOB</b>	<b>Sex</b>	<b>Race</b>	<b>SPBI#/FBI#</b>		

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?

If Latent Prints were developed, please list other methods used beyond CA fuming and powder:

<b>Is this case a missing person or unidentified remains?</b>	<b>If yes, please provide NAMUS number:</b>	<b>Please attach Missing Person Additional Info form</b>
<b>Delivering Officer (Print Name and Signature):</b>	<b>Delivery Date:</b>	<b>Delivering Officer's Email:</b>
		<b>Delivering Officer's Phone #:</b>
<b>Received By (Lab) (Print Name and Signature):</b>	<b>Locker Number (if used):</b>	<b>Locker Transferred Case To (if applicable):</b>


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.

An Affirmative Action/Equal Opportunity Employer / SOP-ER-02:1 Rev 6 (01/12/2024)

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**REQUEST FOR ANALYSIS  
 CONTINUATION**

*Laboratory Identification Number Barcode*



**Laboratory  
 Use Only**

**Is there an existing DSS laboratory case # for this incident?**      **If "Yes", Laboratory Number:**

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?

**Examination Requested Definitions:**

- **NIBIN Kiosk Entry Made By Agency:** for items previously entered into the NIBIN system at either the Division of Scientific Services kiosk or van.
- **Controlled Substances:** physical material tested to determine its composition as a controlled substance.
- **Toxicology:** biological evidence tested for the presence of a toxic or illicit compound.
- **Blood Alcohol Conversion:** medical records submitted for conversion.
- **Digital Evidence:** examination of stored digital data information; QR-CC-1 (Incoming Evidence Checklist) must accompany evidence.
- **Video/Audio:** examination/enhancement of media files including analog/digital media and DVRs.

\* All Latent Print non-porous evidence must be fumed prior to submission unless other arrangements have been made with the Laboratory.

**\*\*Fill out only if a DUI case was submitted.**

**Please visit the DSS website for additional information:**

<https://www.ct.gov/despp>

- DSS Evidence Submission Guidelines
- Submission Information
- Collection/Packaging Guidelines
- Evidence Testing Information

**Please contact DESPP DSS Case Management for examination inquiries:**

[DESPP.DSS.CMU@CT.GOV](mailto:DESPP.DSS.CMU@CT.GOV)

<b>**REQUEST FOR EXAMINATION OF SPECIMENS FOR ALCOHOL/DRUGS</b>		
<b>Incident Type:</b> DUI:                      DUI MVA:                      DUI FATALITY:  <b>Source Name</b> (If multiple sources, submit additional page 2):  <b>Suspected Drugs (If any):</b>  <b>Address of Subject:</b>  <b>City:</b> <b>State:</b> <b>Zip Code:</b>	<b>Breathalyzer Collection Information</b>	
	Breathalyzer Number:	Staple Copy of Script(s)
	Result 1 (If taken):	Date/Time:
	Result 2 (If taken):	Date/Time:
	List any Issue:	

If collecting a urine sample following a breath alcohol test, collect only (1) urine sample. If collecting only urine, collect (2) samples at least 20 minutes apart.

**Important:** Ensure lids to containers (especially urine cups) are secure/tight to avoid leakage. Place in bags. Submit a JD-CR form for the evidence destruction upon adjudication.

<b>Delivering Officer (Print Name and Signature):</b>	<b>Delivery Date:</b>	<b>Agency Case Number:</b>
<b>Received By (Lab) (Print Name and Signature):</b>		<i>An Affirmative Action/Equal Opportunity    Employer SOP-ER-02:1 Rev 6 (01/12/2024)</i>