

<div>STATE OF CONNECTICUT</div> <div>DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION</div> <div>DIVISION OF SCIENTIFIC SERVICES</div> <div>278 COLONY STREET, MERIDEN CT 06451</div> <div>(203) 639-6400 MAIN (203)639-6484 FAX CT.ForensicLab@ct.gov</div>	<div>REQUEST</div> <div>FOR</div> <div>ANALYSIS</div>	<div></div> <div>Laboratory Identification Number</div> <div>Laboratory Use Only</div>
--	---	--

Was evidence previously submitted on this case?				If "Yes", Laboratory Number:				Investigating Officer Requesting Analysis:					
Name and Address of Submitting Agency:				Type of Offense:				Phone Number: Email Address:					
				Town of Incident:									
Telephone:				Date of Incident:									
Agency Case Number:													
Name of Victim (Last, First, M)		DOB	Race	Sex	SPBI#	Name of Suspect (Last, First, M)		Arrest Made?	DOB	Race	Sex	SPBI#	

Detailed Case History (or attach Police Report of Complete Search Warrant):

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	Fire Debris/ Paint/GSR	Controlled Substances	Toxicology	Blood Alcohol Conversion	Digital Device Analysis	Video/Audio	Firearms	Imprints/ Footwear	Questioned Documents	Latent Prints*	Evidence was fumed	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:		
Is this case a missing person or unidentified remains?	If yes, please provide NAMUS number:	Please attach Missing Person Additional Info form
Person Submitting Evidence (Print Name):	Date:	

REQUEST FOR ANALYSIS Continuation



Laboratory Use Only

[illegible]

Person Submitting Evidence (Print Name):	Date:
---	--------------

SOP-ER-02:1 Rev 3 (01/01/2017)

An Affirmative Action/Equal Opportunity Employer