


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	 <i>Laboratory Identification Number</i> <i>Laboratory Use Only</i>
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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#		

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 Entry Has Been Made	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:		
Is this case a missing person or unidentified remains?	If yes, please provide NAMUS number:	Please attach Missing Person Additional Info form
Evidence Delivered By (Print Name):		Date Delivered:

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 Continuation	 <i>Laboratory Identification Number</i> <i>Laboratory Use Only</i>
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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 Entry Has Been Made	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?	

Evidence Delivered By (Print Name):	Date Delivered:
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Examination Requested Definitions:

- **NIBIN Entry Has Been Made:** 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.
 SOP-ER-02:1 Rev 5 (03/09/2022)*

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