STATE OF CONNECTICUT DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION **DIVISION OF SCIENTIFIC SERVICES** 278 COLONY STREET, MERIDEN CT 06451 TELEPHONE (203) 639-6400 FAX (203) 639-6484	**REQUEST FOR ANALYSIS**	*Laboratory Identification Number* *Laboratory Use Only*

Has evidence been previously submitted?	If "Yes", Laboratory Number: _____	**Investigating Officer Requesting Analysis(Print Name):**
Name & Address of Submitting Agency: Telephone:	Type of Offense: _____ Town of Incident: _____ Date of Incident: _____ Agency Case Number:_____	Phone Number: Email Address:

Name of Victim (Last, First, M)	DOB	Race	Sex

Name of Suspect (Last, First, M)	Arrest Made?	DOB	Race	Sex	SPBI#

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

Information on Evidence Submitted		Type of Examination Requested (check box)												Respond: Yes or No	
Agency Item#/ Exhibit#	Briefly describe the contents of each package of evidence	Arson/GSR	Biology/DNA	Firearms/ Toolmarks	Imprints/ Footwear	Latent Prints*	Quest. Docs	Trace	Controlled Substance	Toxicology**	Computer Analysis	Video/Audio	Other (Explain)	Was this evidence collected at the primary crime scene?	Was this evidence collected from the suspect's person or possession?

Is this case a missing person or unidentified remain? If yes, please provide NAMUS number Please attach "Missing Person Additional Info. form

Person Submitting Evidence (Print Name): Date:

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

***DUI evidence should be accompanied with Form DPS-0009-C (Rev. 9/2013)*

STATE OF CONNECTICUT DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION **DIVISION OF SCIENTIFIC SERVICES** 278 COLONY STREET, MERIDEN CT 06451 TELEPHONE (203) 639-6400 FAX (203) 639-6484	**REQUEST FOR ANALYSIS**	*Laboratory Identification Number* *Laboratory Use Only*

Submitting Agency Case Number: _____

Information on Evidence Submitted:		Type of Examination Requested: (check box)												Respond: Yes or No	
Agency Item#/ Exhibit#	Briefly describe the contents of each package of evidence	Arson/GSR	Biology/DNA	Firearms	Imprints	Latent Prints*	Quest. Docs	Trace	Controlled Substance	Toxicology	Computer Analysis	Video/Audio	Other (Explain)	Was this evidence collected at the primary crime scene?	Was this collected from the suspect's person or possession?

Person Submitting Evidence (Print Name) Date

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

An Affirmative Action/Equal Opportunity Employer