

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:	Type of Offense: _____	Phone Number: Email Address:
Telephone: _____	Town of Incident: _____	
	Date of Incident: _____	
	Agency Case Number: _____	

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?

Property Crimes: Is total property loss or damage over \$2,000.00? *If "No", please contact the Laboratory prior to submitting the evidence*

Person Submitting Evidence (Print Name):	Date:
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*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)
 SOP-ER-02:1 (12/2013) An Affirmative Action/Equal Opportunity Employer