

FORENSIC LABORATORY EXAMINATION REQUEST

1. TO: Director USACIL <input type="checkbox"/> 4930 N. 31st Street Forest Park, GA 30297-5205 <input type="checkbox"/> Other (<i>Specify</i>):	2. FROM: <hr/> 3. RETURN EVIDENCE TO:	4. EXAM PRIORITY <input type="radio"/> ROUTINE <input type="radio"/> EXPEDITE <input type="checkbox"/> Trial/Article 32/39A (*) <input type="checkbox"/> Subject in pre-trial confinement <input type="checkbox"/> Subject pending PCS/ Separation/Reenlist (*) <input type="checkbox"/> Other (<i>Specify in Block 13</i>) *Date _____	5. LAB USE ONLY <hr/> a. LAB CASE # <hr/> b. METHOD OF RECEIPT <hr/> c. RECEIVED BY/DATE
6. SUBMITTING AGENCY CASE NUMBER		7. TYPE OF OFFENSE	
8. PREVIOUS EVIDENCE SUBMITTED DATE: _____ MAIL METHOD: _____ LAB CASE #: _____ SUSPECT(S): _____			
9. SUSPECT(S) [<i>Last, first and middle name(s)</i>]		10. VICTIM(S) [<i>Last, first and middle name(s)</i>]	
11. BRIEF DESCRIPTION (SYNOPSIS) OF CASE FACTS THAT MIGHT ASSIST THE LABORATORY IN EXAMINING OR EVALUATING THE EVIDENCE OR ADDITIONAL DOCUMENTATION ATTACHED (e.g., <i>Summary of investigation, crime scene sketches/photographs, statements</i>)			
12. EVIDENCE SUBMITTED			
a. EXHIBIT	b. DESCRIPTION OF EXHIBIT		

12. EVIDENCE SUBMITTED *(Continued)*

a. EXHIBIT	b. DESCRIPTION OF EXHIBIT

13. EXAMINATION(S) REQUESTED *(Briefly furnish any information or instructions that might assist the laboratory in examining the evidence)*

<p>14.a. INVESTIGATOR AND ALTERNATE POC <i>(Typed or Printed) (Mandatory Information)</i></p>	<p>b. TELEPHONE <i>(Primary/Alt)</i>: _____ c. DSN <i>(Primary/Alt)</i>: _____ d. Fax: _____ e. E-Mail: _____</p>
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15. I CERTIFY EVIDENCE HAS NOT BEEN SUBMITTED TO ANOTHER LABORATORY FOR THE SAME EXAMINATION

<p>a. DATE</p>	<p>b. TYPED/PRINTED NAME OF REQUESTOR</p>	<p>d. TELEPHONE <i>(Primary/Alt)</i>: _____ e. DSN <i>(Primary/Alt)</i>: _____ f. Fax: _____ g. E-Mail: _____</p>
<p>c. SIGNATURE</p>		

	<p>16. LAB USE ONLY</p>
	<p>LAB CASE #</p>