

## FORENSIC LABORATORY EXAMINATION REQUEST

<b>1. TO:</b>  <input type="checkbox"/> USACIL 4930 N. 31st Street Forest Park, GA 30297-5205  <input type="checkbox"/> FXL  <input type="checkbox"/> AGENCY DFE  <input type="checkbox"/> Have any of the items ever been submitted to any other laboratory? (Specify)	<b>2. FROM:</b>    <b>3. RETURN EVIDENCE TO:</b>	<b>4. EXAM PRIORITY</b>  <input type="radio"/> ROUTINE  <input type="radio"/> EXPEDITE  <input type="checkbox"/> TRIAL DATE: _____  <input type="checkbox"/> Subject in pre-trial confinement  <input type="checkbox"/> Subject Pending PCS/Separation Date: _____  <input type="checkbox"/> Other (Specify in block 13)	<b>5. LAB USE ONLY</b>  a. LAB CASE #    b. RECEIVED DATE
<b>6. SUBMITTING AGENCY/UNIT CASE NUMBER</b>		<b>7. TYPE OF OFFENSE</b>	
<b>8. PREVIOUS EVIDENCE SUBMITTED OR PRE-SUBMISSION LAB CASE NUMBER</b>			
<b>DATE:</b>		<b>MAIL METHOD:</b>	<b>LAB CASE #:</b>
<b>9. SUSPECT(S) [Last, first and middle names(s)]</b>		<b>10. VICTIM(S) [Last, first and middle name(s)]</b>	
<b>11. BRIEF DESCRIPTION (SYNOPSIS) OF CASE FACTS THAT MIGHT ASSIST THE LABORATORY IN EXAMINING OR EVALUATING THE EVIDENCE OR ADDITIONAL DOCUMENTATION ATTACHED (e.g., Summary of investigation, crime scene sketches/photographs, statements, SA kit paperwork)</b>			
<b>12. EVIDENCE SUBMITTED</b>			
<b>a. EXHIBIT</b>	<b>b. DESCRIPTION OF EXHIBIT WITH ALTERNATE ID (ECM ITEM NUMBER)</b>		

12. EVIDENCE SUBMITTED (Continued)

a. EXHIBIT	b. DESCRIPTION OF EXHIBIT
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13. EXAMINATION(S) REQUESTED (Briefly furnish any information or instructions that might assist the laboratory in examining the evidence)

14.a. INVESTIGATOR AND ALTERNATE POC (Typed or printed) (Mandatory information)	b. TELEPHONE (Primary/Alt):
	c. DSN (Primary/Alt):
	d. E-Mail:

15.a. DATE	b. TYPE/PRINTED NAME OF REQUESTOR	d. TELEPHONE (Primary/Alt):
	c. SIGNATURE	e. DSN (Primary/Alt):
		f. E-Mail:

	16. LAB USE ONLY
	LAB CASE #