



REQUEST FOR LABORATORY EXAMINATION

SUBMITTING AGENCY: _____ DISTRICT/BUREAU: _____ CASE/CD NUMBER: _____

INVESTIGATING OFFICER: _____ BUSINESS PHONE: _____ E-MAIL ADDRESS: _____

CHARGES: _____ DATE/TIME OF OCCURRENCE: _____ PROSECUTOR: _____

CHECK IF APPLICABLE: Sale of controlled substance Asset Forfeiture Case Evidence Previously Submitted in this case

DEFENDANT(S): <i>(last name, first name)</i>	Date of Birth:	VICTIM(S): <i>last name, first name</i>	Date of Birth:

CPS Item #:	Agency Item #:	DESCRIPTION OF EVIDENCE:	EXAMINE FOR:	ADDRESS & WHERE OBTAINED:

COMMENTS:

**DO NOT WRITE IN
THE SHADED AREAS**

THIS SIDE TO BE COMPLETED BY THE SUBMITTING OFFICER

THIS SIDE FOR LABORATORY USE ONLY

SUBMITTED BY: _____
SIGNATURE

PRINT NAME: _____

LOCKER NO.: _____

DATE/TIME SUBMITTED: _____

RECEIVED: Sealed _____

Unsealed _____ Not Inventoried

Improper Seal _____

Received with cross outs/write overs

DATE/TIME REC'D: _____

RECEIVED BY: _____

LAB NO.: _____

SUBMISSION #: _____ PAGE #: _____ OF _____

RESUBMISSION

By signing this form you acknowledge that the Laboratory will select the appropriate items to be analyzed and the methods of analysis.

Go to www.erie.gov/forensiclab for Laboratory information, guidelines and forms.