Oregon State Police Forensic Services Request

☐ **Rush**
Reason:_____
Date Due:

Lab Use Only
Analyst: _____
Start Date:
Page _____ of _____
Lab Case #
Sub #

Agency	DA Contact: (if known) _____	
Agency Case #	☐ Additional Suspect Info Only ☐ Previous Evidence Submitted	
Secondary Agency	Secondary Agency Case #	Restrict this case to:(Refer to back side of Form 49 for further information) ☐ Investigating Officer ☐ Agency ☐ Lab Staff

Offense ☐FMVA		Offense Date (mm/dd/yy)	County of Venue
Last (Individual # 1) ☐ No Suspect AFIS Search		First	Middle
☐ Suspect ☐ Mentioned ☐ Victim ☐ Deceased	Race ☐ Male ☐ Female	DOB (mm/dd/yy)	SID # / FBI # / Breath Test Given? ☐ Yes ☐ No Result _____
Last (Individual # 2)		First	Middle
☐ Suspect ☐ Mentioned ☐ Victim ☐ Deceased	Race ☐ Male ☐ Female	DOB (mm/dd/yy)	SID # / FBI # / Breath Test Given? ☐ Yes ☐ No Result _____
Last (Individual # 3)		First	Middle
☐ Suspect ☐ Mentioned ☐ Victim ☐ Deceased	Race ☐ Male ☐ Female	DOB (mm/dd/yy)	SID # / FBI # / Breath Test Given? ☐ Yes ☐ No Result _____

Investigating Officer (Please Print)	Phone # of Investigating Officer	E-mail of Investigating Officer

The Oregon State Police Forensic Services Division reserves the right to select appropriate methods of analysis based on the type of evidence and information provided.

Lab Exhibit	Agency Exhibit	Description of Evidence (Please associate evidence with appropriate individual, if applicable)	Requested service (Refer to back side of Form 49 for types of Services provided)

Submitted to Lab By (Please Print)	Submitted to Lab By (Signature)	Date Submitted

Submitted via ☐ UPS ☐ U.S. Mail ☐ Certified Mail ☐ Other	**LAB USE ONLY**
Date / Time	
Lab Staff	

Evidence Transfer or Referral Received From:	Via: ☐ UPS	Date / Time	Lab Staff	☐ Item(s) ☐ Submission