

**Oregon State Police
HIGH THROUGHPUT
PROPERTY CRIME DNA
REQUEST**

<input type="checkbox"/> Rush Reason: _____ Date Due: _____		Lab Use Only		Analyst:	
		Start Date: _____		Page _____	of _____
Agency		DA Contact: (if known)		Lab Case #	
Agency Case #		<input type="checkbox"/> Additional Suspect Info Only <input type="checkbox"/> Previous Evidence Submitted		Sub #	
Secondary Agency		Secondary Agency Case #		Restrict this case to: (Refer to back side of Form 49 for further information) <input type="checkbox"/> Investigating Officer <input type="checkbox"/> Agency <input type="checkbox"/> Lab Staff	
Offense			Offense Date (mm/dd/yy)		County of Venue
Last (Individual # 1)			First		Middle
<input type="checkbox"/> Suspect <input type="checkbox"/> Mentioned <input type="checkbox"/> Victim <input type="checkbox"/> _____	Race	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB (mm/dd/yy)	SID #	FBI #
Standards collected? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Last (Individual # 2)			First		Middle
<input type="checkbox"/> Suspect <input type="checkbox"/> Mentioned <input type="checkbox"/> Victim <input type="checkbox"/> _____	Race	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB (mm/dd/yy)	SID #	FBI #
Standards collected? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Last (Individual # 3)			First		Middle
<input type="checkbox"/> Suspect <input type="checkbox"/> Mentioned <input type="checkbox"/> Victim <input type="checkbox"/> _____	Race	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB (mm/dd/yy)	SID #	FBI #
Standards collected? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Investigating Officer (Please Print)		Phone # of Investigating Officer		E-mail of Investigating Officer	
The Oregon State Police Forensic Services Division will rely upon the information provided and the type of evidence submitted to determine the appropriate methods of analysis.					
Case Scenario: Briefly describe what occurred and how the evidence items listed below relate to the crime. Report Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Lab Exhibit	Agency Exhibit	Description of Evidence <small>If swabs, state what was swabbed ("DNA swabs" unacceptable)</small>	Source/Specific Location of Evidence <small>(Ex. Suspect's house; victim's car; point of entry)</small>	Was item the victim's, if applicable.	LAB USE ONLY - CODIS Eligibility Confirmed
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Submitted to Lab By (Please Print)		Submitted to Lab By (Signature)		Date Submitted	
Submitted via <input type="checkbox"/> UPS <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Certified Mail <input type="checkbox"/> Other		LAB USE ONLY			
Date / Time					
Lab Staff					
Evidence Transfer or Referral Received From:		Via: <input type="checkbox"/> UPS	Date / Time		Lab Staff
<input type="checkbox"/> Item(s) <input type="checkbox"/> Submission					