

**Oregon State Police
General Forensic Services Request**

<p>RUSH approved by Lab Personnel</p> <p>_____ Lab Personnel Name</p> <p style="text-align: center; font-size: 24pt;">OR</p> <p>Trial Date: _____ DA: _____</p>	<p>Gray Area for Lab Use Only</p> <p>Analyst: _____ Page ____ of ____</p> <p>Start Date: _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">Lab Case #</td> <td style="width:20%;">Sub #</td> </tr> <tr> <td></td> <td>Req #</td> </tr> </table>	Lab Case #	Sub #		Req #
Lab Case #	Sub #				
	Req #				
Agency Case #	Additional Name Info Only Previous Evidence Submitted				
Secondary Agency	Secondary Agency Case # Court # (if available)				

Agency
Agency Case #
Secondary Agency

Offense		Offense Date (mm/dd/yy)		County of Venue	
Last (Individual # 1) No Suspect		First		Middle	
Suspect	Mentioned	Biological	Male	Optional Designation	DOB (mm/dd/yy)
Victim		Sex	Female	DNA Elimination Sample	SID #
				Deceased	FBI # (UCN)
Last (Individual # 2)		First		Middle	
Suspect	Mentioned	Biological	Male	Optional Designation	DOB (mm/dd/yy)
Victim		Sex	Female	DNA Elimination Sample	SID #
				Deceased	FBI # (UCN)
Last (Individual # 3)		First		Middle	
Suspect	Mentioned	Biological	Male	Optional Designation	DOB (mm/dd/yy)
Victim		Sex	Female	DNA Elimination Sample	SID #
				Deceased	FBI # (UCN)
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.

Description of Evidence: Provide accurate descriptions of all physical evidence (e.g., include pill counts and packing description when submitting controlled substances).
Requested Services: If the request type you want is not available in the drop-down menu, use the text box below to concisely describe your request.

Lab Exhibit	Agency Item #	Description of Evidence (Please associate evidence with appropriate individual, if applicable)	Requested service (Refer to the OSP Forensic Services Website https://tinyurl.com/OSP-Forensic-Documents for further information)

Provide additional information on the type of testing you would like done based on the type of service being requested (optional):

Submission of this form indicates agreement with the confidentiality, simplified reporting, and selection of methods information available at the following location: https://www.oregon.gov/osp/Docs/FSD_Customer_Communication.pdf

Delivered/Submitted to Lab By (Please Print)	Delivered /Submitted to Lab By (Signature)	Date Submitted or sent via Courier
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Submitted via <input type="checkbox"/> UPS <input type="checkbox"/> U.S. Mail <input type="checkbox"/> FedEx <input type="checkbox"/> In Person <input type="checkbox"/> Other See Note Below Date / Time	
Lab Staff	

Staff Notes only (optional):