

Oregon State Police Forensic Services Request High Throughput Property Crime DNA Request Form

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Agency		RUSH approved by Lab Personnel Lab Personnel Name OR Trial Date: _____ DA : _____		Gray Area For Lab Use Only Start Date: _____ Page _____ of _____ Lab Case # _____ Sub # _____ Req # _____				
						Agency Case # _____		
Secondary Agency (ex. agency assist)		Secondary Agency Case # _____		Court # (if available) _____				
Offense			Offense Date (mm/dd/yy)		County of Venue			
Last (Individual # 1) ☐ No Suspect			First		Middle			
☐ Suspect ☐ Mentioned ☐ Victim	Biological Sex ☐ Male ☐ Female	Optional Designation ☐ Deceased	DOB (mm/dd/yy)	SID #	FBI # (UCN)			
Last (Individual # 2)			First		Middle			
☐ Suspect ☐ Mentioned ☐ Victim	Biological Sex ☐ Male ☐ Female	Optional Designation ☐ Deceased	DOB (mm/dd/yy)	SID #	FBI # (UCN)			
Last (Individual # 3)			First		Middle			
☐ Suspect ☐ Mentioned ☐ Victim	Biological Sex ☐ Male ☐ Female	Optional Designation ☐ Deceased	DOB (mm/dd/yy)	SID #	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.								
UEMV or UUMV: Dates stolen:			Dates Recovered:					
Item swabbed:								
<i>Steering wheel swabs require submission of owner/regular driver DNA standards. *see statement below for other items swabbed</i>								
Other Offenses: Describe what occurred, the evidence swabbed, and how it's related to the offense <i>*For ALL other items, document that they are not the victim's and/or they did not handle it, or elimination standards are required.</i>								
Lab Exhibit	Agency Item #	Type of Swab(s) Submitted		What or Who was Swabbed: (Ex. Steering wheel, straw, cigarette butt, or NAME of person)	Was swabbed Item Collected / Retained?	If yes: will any further processing occur?	If no: was a 2 nd swab obtained?	CODIS Eligibility Confirmed
		Boide Swab Evidence	Oral Swab Reference					
		☐	☐					
		☐	☐					
		☐	☐					
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								
Shipped or Submitted to Lab By (Please Print)				Shipped or Submitted to Lab By (Signature)		Date Shipped or Submitted		
Submitted via ☐ UPS ☐ U.S. Mail ☐ FedEx ☐ In Person ☐ Other (see note below) Date / Time Lab Staff				PRINT SAVE Clear Form Clear Suspect Info. Clear Item Info.				
Staff Notes Only (optional):								