

Laboratory Locations

Bend Forensic Laboratory
20355 Poe Sholes Drive, Suite 200
Bend, OR 97701
541-388-6150

Central Point Forensic Laboratory
4500 Rogue Valley Highway, Suite B
Central Point, OR 97502
541-776-6118

Portland Metro Forensic Laboratory
13309 SE 84th Avenue, Suite 200
Clackamas, OR 97015
971-673-8230

Pendleton Forensic Laboratory
700 SE Emigrant Street, Suite 6
Pendleton, OR 97801
541-276-1816

Springfield Forensic Laboratory
3620 Gateway Street
Springfield, OR 97477
541-726-2590

SERVICES PROVIDED*

- Biology Processing
- Blood Alcohol Analysis¹
- Controlled Substance Analysis¹
 - Clandestine Lab Analysis
 - Methamphetamine Quantitation¹
 - Anonymous Analysis¹
- Crime Scenes
- Firearms / Toolmark Analysis
- DNA Analysis
 - CODIS confirmation std
 - One time search of suspect's std
 - Touch DNA
- Latent Print Analysis
- Questioned Document Analysis
- Toxicology Analysis¹
- Trace Evidence Analysis
 - Arson
 - Explosives
 - Fibers
 - Footwear
 - Glass
 - Hair
 - Paints/Polymers
 - Poisons
 - Other / Miscellaneous
- Video Image Capture

***Not all services listed above are provided by all laboratories**

¹ These requests do not require an officer's report; all other requests need an officer's report at the time of submission.

Because laws and legal precedents concerning the collection of physical evidence are subject to change, it is impossible to give specific up-to-date information on acceptable procedures. It is, however, of utmost importance that great care be taken to use only approved methods when obtaining evidence of any kind. Therefore, it is imperative that during an investigation a close liaison is maintained between the District Attorney's Office, the Oregon State Police Forensic Laboratory and those persons responsible for the collection of physical evidence.

Should you have any questions please call your local laboratory for assistance.

Agencies who are members of our Laboratory Online Information System (L.O.I.S) will be able to retrieve information and reports about cases submitted for analysis from our secure web site.

The Forensic Services Division's Physical Evidence Manual is located at:
<http://www.oregon.gov/OSP/FORENSICS/index.shtml>

CASE RESTRICTION

A request that is not marked with one of the following restrictions will be released to the requesting agency and the District Attorney.

- Investigating Officer – Any report(s) under this case will only be made available to the Investigating Officer. It will be the officer's responsibility to distribute the report(s). A clearly written E-mail address on this form is required for this level of restriction.
- Agency – Any report(s) under this case will only be made available to members of the requesting agency. It will be the agency's responsibility to distribute the report(s) related to this case.
- Lab Staff – The restriction of the Lab Staff will be at the discretion of the laboratory. When selected and if approved, only a few selected personnel will be able to access the results of this case.

Firearms and IBIS

All weapons must be rendered safe and labeled as safe when they are submitted to the laboratory.

When weapons are test fired in the Oregon State Police Forensic Laboratories, an eligible Integrated Ballistics Identification System (IBIS) cartridge case will be automatically forwarded to the Portland Metro Forensic Laboratory for entry into the IBIS system.

*** SHARPS ***

Syringes, razors, and other sharp objects ("sharps") will not be accepted unless the District Attorney's Office has given notice of their intent to prosecute the case. All sharp objects will be separated from other evidence that requires analysis.

Approved sharp objects that are submitted for analysis must be packaged in such a manner as to protect personnel during handling. The packaging must be protective enough to ensure *no* possibility of injury or puncture. Commercially manufactured puncture-proof ("sharps") containers are available for purchase. Contact your local laboratory for information. The sharps container should be placed in a plastic evidence bag so it can be visually examined to ensure it is properly packaged.

*** BIOHAZARDS ***

Any suspected biological fluids, items removed from a body orifice and syringe contents should be labeled with a "BIOHAZARD" label.

MISSING PERSONS PROGRAM – REFERENCE SAMPLE SUBMISSION FORM

Instructions: Complete each section as applicable (shaded area will be completed by OSP). **Note:** All sections are required for submission. Sections 4, 5, and 6 must be filled out for every family reference sample submitted. Omission of required information may result in sample rejection.

OSP Lab No.

1. INVESTIGATING AGENCY

Agency: _____	Agency Case No: _____
Contact Name: _____	Phone No: _____
Contact Email: _____	NCIC No: _____
NamUs MP No: _____	NamUs UP No: _____

2. MISSING PERSON INFORMATION

Name of Missing Person: _____
Last First Middle

Missing Person's Date of Birth: _____ Age When Missing: _____

Sex of Missing Person: Female Male Eye Color: _____ Hair Color: _____

Approx. Weight: _____ Approx. Height: _____

Date of Last Contact: _____ City/County and State of Last Contact: _____

Are Dental Records Available? Yes No

Race: African-American Asian Caucasian Hispanic Native American Other (specify) _____

Physical Identifiers (scars, marks, tattoos, medical devices):

Is the missing person adopted? Yes No

Other relevant information: _____

3. IMPORTANT DIRECT REFERENCE SAMPLE INFORMATION

The following sample types are acceptable as direct references: toothbrush, dentures, medically obtained tissue or biopsies mounted on slides or embedded in paraffin. Should you wish to submit a different sample type as a direct reference, contact the DNA Supervisor at 971-673-8230.

MISSING PERSONS PROGRAM – REFERENCE SAMPLE SUBMISSION FORM

THIS PAGE IS REQUIRED FOR EACH FAMILY REFERENCE STANDARD TO BE SUBMITTED.

4. FAMILY REFERENCE STANDARD: DONOR INFORMATION

DNA Sample Provided By: _____
 Last First Middle

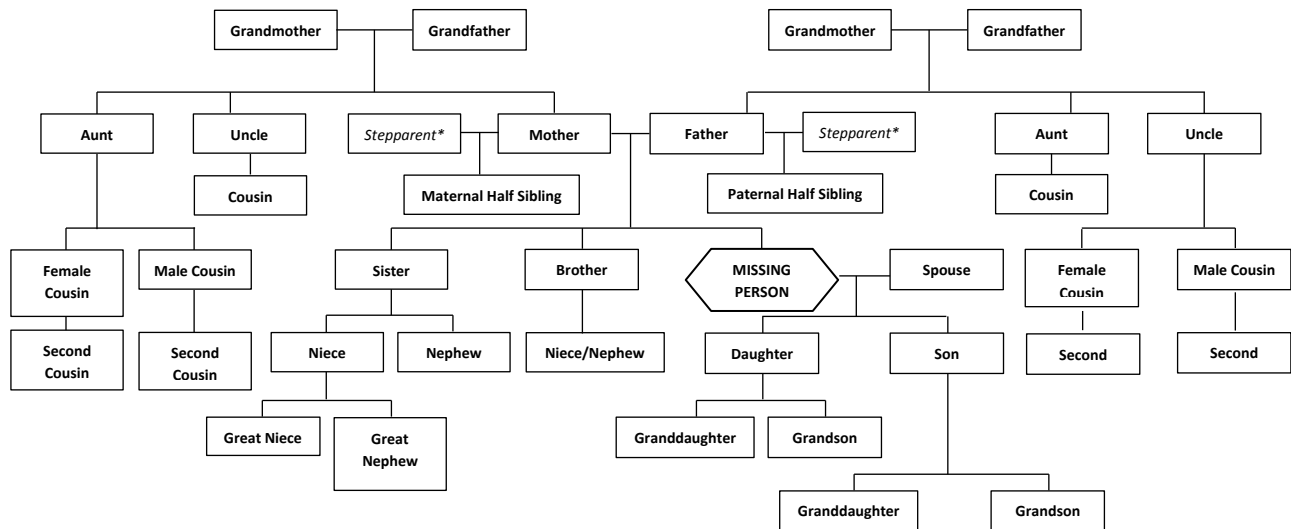
Date of Birth: _____ Race: African-American Hispanic

Asian Caucasian

Sex of Donor: Female Male Native American Other (specify) _____

Relationship of Donor to Missing Person: _____ Maternally Related Paternally Related

5. FAMILY REFERENCE STANDARD: CIRCLE BOX INDICATING RELATIONSHIP TO MISSING PERSON



The most useful family reference DNA samples are from close blood relatives such as the missing person's biological mother, father, children, brothers or sisters. We encourage two or more family reference samples to be collected. **Stepparents are not appropriate for submission.*

6. FAMILY REFERENCE STANDARD: CONSENT

I understand that the answers provided on this form are correct to the best of my knowledge. I fully understand that my answers are critical to the process of identifying my missing family member. I freely and voluntarily consent to provide my sample(s) for DNA analysis, entry into the Relatives of Missing Persons Index of the Combined DNA Index System (CODIS), and searching against the Unidentified Persons Index of CODIS. I also understand that my DNA profile will be removed from the CODIS database if my family member is positively identified. I understand that I am not required or obligated to provide a DNA sample, and that my consent to have a DNA sample taken is knowingly and voluntarily made. I authorize the collection of this sample(s) for the purpose of identifying my missing family member.

Signature of Donor or Legal Guardian

x _____ Date: _____

Originally Adopted:
10/23/2017

Issuing Authority:
Operations Manager

Revision #: 1
Effective Date: 10/23/2017