

**STATE OF CONNECTICUT**  
 DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION  
**DIVISION OF SCIENTIFIC SERVICES**  
 278 COLONY STREET, MERIDEN CT 06451  
 (203) 639-6400 MAIN (203)639-6484 FAX CT.ForensicLab@ct.gov

**REQUEST  
 FOR  
 ANALYSIS**



Laboratory Identification Number \_\_\_\_\_ Laboratory Use Only \_\_\_\_\_

<b>Was evidence previously submitted on this case?</b>				<b>If "Yes", Laboratory Number:</b>				<b>Investigating Officer Requesting Analysis:</b>					
<b>Name and Address of Submitting Agency:</b>				Type of Offense:				Phone Number: Email Address:					
Telephone:				Town of Incident:									
				Date of Incident:									
Agency Case Number:													
Name of Victim (Last, First, M)		DOB	Race	Sex	SPBI#	Name of Suspect (Last, First, M)			Arrest Made?	DOB	Race	Sex	SPBI#

**Detailed Case History (or attach Police Report of Complete Search Warrant):**

Information on Evidence Submitted:		Type of Examination Requested (check box)												Respond: Yes or No		
Agency Item#/ Exh#	Briefly describe the contents of each package of evidence	Biology/DNA	Fire Debris/ Paint/GSR	Controlled Substances	Toxicology	Blood Alcohol Conversion	Digital Device Analysis	Video/Audio	Firearms	Imprints/ Footwear	Questioned Documents	Latent Prints*	Evidence was fumed	Other (Explain)	Was this evidence collected at the primary crime scene?	Was this evidence collected from the suspect's person or possession?

**If Latent Prints were developed, please list other methods used beyond CA fuming and powder:**

**Is this case a missing person or unidentified remains?      If yes, please provide NAMUS number:      Please attach Missing Person Additional Info form**

**Person Submitting Evidence (Print Name):      Date:**

*\* All Latent Print non-porous evidence must be fumed prior to submission unless other arrangements have been made with the Laboratory.  
 SOP-ER-02:1 Rev 3 (01/01/2017)*

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