

Oregon State Police Forensic Services Request

Page ____ of ____

	<input type="checkbox"/> Rush	Gray Area for Lab Use Only		Analyst: _____
Agency	Reason: _____	Start Date: _____		Page ____ of ____
Agency Case #	Date Due: _____	Lab Case # _____		Sub # _____
Secondary Agency	DA Contact: (if known) _____			Req # _____
	<input type="checkbox"/> Additional Suspect Info Only <input type="checkbox"/> Previous Evidence Submitted			

Secondary Agency Case #	Restrict this case to: (Refer to the OSP Forensic Services Website https://tinyurl.com/OSP-Forensic-Documents for further information) Investigating Officer _____ Agency _____ Lab Staff _____		
-------------------------	---	--	--

Offense <input type="checkbox"/> FMVA	Offense Date (mm/dd/yy)	County of Venue
---------------------------------------	-------------------------	-----------------

Last (Individual # 1) <input type="checkbox"/> No Suspect ABIS Search	First	Middle
---	-------	--------

<input type="checkbox"/> Suspect <input type="checkbox"/> Mentioned <input type="checkbox"/> Victim <input type="checkbox"/> Deceased	Race	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB (mm/dd/yy)	SID #	FBI #	Breath Test Given? <input type="checkbox"/> Yes <input type="checkbox"/> No Result _____
--	------	--	----------------	-------	-------	--

Last (Individual # 2)	First	Middle
-----------------------	-------	--------

<input type="checkbox"/> Suspect <input type="checkbox"/> Mentioned <input type="checkbox"/> Victim <input type="checkbox"/> Deceased	Race	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB (mm/dd/yy)	SID #	FBI #	Breath Test Given? <input type="checkbox"/> Yes <input type="checkbox"/> No Result _____
--	------	--	----------------	-------	-------	--

Last (Individual # 3)	First	Middle
-----------------------	-------	--------

<input type="checkbox"/> Suspect <input type="checkbox"/> Mentioned <input type="checkbox"/> Victim <input type="checkbox"/> Deceased	Race	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB (mm/dd/yy)	SID #	FBI #	Breath Test Given? <input type="checkbox"/> Yes <input type="checkbox"/> No Result _____
--	------	--	----------------	-------	-------	--

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.

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

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

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
--	-----------------------------------	-------------	-----------	--