

Hennepin County Sheriff's Office Forensic Science Laboratory

531 Park Avenue South Minneapolis, Minnesota 55415 phone: 612-596-7010 website: www.HCSOFSL.org



Request for Laboratory Examination

The Request for Laboratory Examination form must be completed for all evidence submissions. This form is designed to assist the laboratory in expediting the examination and testing of the submitted evidence by ensuring that all of the necessary information regarding the case has been provided.

The form should be filled out as completely as possible (Please print legibly). Incorrect or incomplete information on the form may delay the processing of evidence.

Submitting			Agency	Offense				Offense			
Agency:		Case #:	Type:			Date:					
Offense Address:				Offense City:							
Investigating Officer:					Investigating Officer E-Mail Address:						
Investigating Officer		LIMS Entry By: Labora			Laborato Case #:	ory					
Other Evidence related to this case has previously been submitted to the					laboratory. Existing Laboratory Case #:						
List all Principals involved in the incident below.											
Last:			First:			Middle:					
Suspect Victim	Other Alias	Sex:	SID#:	FBI #	:		DOB:				
Last:			First:	·		Middle:					
Suspect Victim	Other Alias	Sex:	SID #:	FBI #	:		DOB:				
Last:			First:	•		Middle:	•				
Suspect Victim	Other Alias	Sex:	SID #:	FBI #	:		DOB:				
Last:		1	First:			Middle:	<u>'</u>				
Suspect Victim	Other Alias	Sex:	SID#:	FBI #	:		DO	DOB:			
Last:			First:			Middle:					
Suspect Victim	Other Alias	Sex:	SID#:	FBI #: DOB:							
Business Name (if a	pplicable):		1	<u>. </u>							
Expedited Case Requests: All requests to expedite examination and/or testing in a case require Laboratory Supervisor approval. Contact the applicable section supervisor(s) or Laboratory Director to request approval. Expedited requests will be considered under certain circumstances such as a pending court date, exigent circumstances, etc. Attach a copy of written approval to this form or inform the evidence specialist which supervisor approved the request. Confirmed Approval (initials)											
Relevant Case Information and/or Special Instructions:											
ocument ID: Request for	Laboratory	Evamination	Versi	on: 2.5			Issuing A	uthority: Quality A	Assurance Manag		

Revision Date: December 30, 2023

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Submitting Agency Case #:			Laboratory Case #:							
					Examination(s)					
					Requested					
Lab	Agency		<u>Description of Evidence</u>		B=Biology					
Item #	Item #		(Please associate evidence with appropriate	individuals)	F=Firearms L=Latents					
	reem n		(Freuse associate evidence with appropriate	marviadais	S=Storage					
If you	are submitting mor	e than fourteen (14) items, ple	ease list additional items on the Request for La	boratory Examination (Supr	olement) Form.					
		, , , , , ,	sting of the evidence you have submitted:	isorator y Examination (Supp						
			ccal swabs) for all involved individuals							
• Fing	gerprint cases — If ava	ilable, submit the SID # and FBI	#, as well as known fingerprint samples (fingerprint	nt and palm cards) for all invo	olved individuals					
• All	cases – Submit a copy	of the agency offense report								
Compliand	e with MN Statute 29	9C.106 'Sexual Assault Examinatio	on Kit Handling':							
			dicate the reason testing is not requested:							
	previously tested									
	restricted kit									
	other:									
Evidence I	ntake Appointment No	otes:	F	ecord location if evidence was	received off site:					
	• •			HCSO Investigations Division	Office (701 Building)					
				Other:						
The serv	alated form comics as	nronocod agrooment for activities	s hotwoon the submitting agency and the laborate	ny Tho laboratemy recomics the	right to coloct the					
The completed form serves as a proposed agreement for services between the submitting agency and the laboratory. The laboratory reserves the right to select the most appropriate methods for the examination and testing of the items submitted, including which items to test. Additional information regarding the laboratory's										
		tion, and testing procedures is av		idanional inionilation regardir	E tile laboratory 5					
					Time Received					
Evidence	Submitted By (Print Na	anie – Filst & LdSt)	Signature		Tille neceived					
Evidence	Received By (Print Nar	ne – First & Last)	Signature		Date Received					

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