



# 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:                        | Agency Case #: | Offense Type:                         | Offense Date:      |
| Offense Address:                          |                | Offense City:                         |                    |
| Investigating Officer:                    |                | Investigating Officer E-Mail Address: |                    |
| Investigating Officer Direct Telephone #: |                | LIMS Entry By:                        | Laboratory Case #: |

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<br>Victim | Other<br>Alias | Sex: | SID #: | FBI #: |  | DOB:    |  |  |
| Last:             |                |      | First: |        |  | Middle: |  |  |
| Suspect<br>Victim | Other<br>Alias | Sex: | SID #: | FBI #: |  | DOB:    |  |  |
| Last:             |                |      | First: |        |  | Middle: |  |  |
| Suspect<br>Victim | Other<br>Alias | Sex: | SID #: | FBI #: |  | DOB:    |  |  |
| Last:             |                |      | First: |        |  | Middle: |  |  |
| Suspect<br>Victim | Other<br>Alias | Sex: | SID #: | FBI #: |  | DOB:    |  |  |
| Last:             |                |      | First: |        |  | Middle: |  |  |
| Suspect<br>Victim | Other<br>Alias | Sex: | SID #: | FBI #: |  | DOB:    |  |  |

Business Name (if applicable):

**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:

