

**DEPARTMENT OF FORENSIC SCIENCE
INSTRUMENT SUPPORT
REQUEST AND REPORT**

FS LAB #: _____

EXAMINER: _____

DATE:	DATE CASE ENTERED SYSTEM:	DATE RESULTS NEEDED:	CASE COURT DATE:
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EXAMINATION REQUESTED:

SAMPLE DESCRIPTION:

SAMPLE HISTORY: (List solvent if extract submitted. List results of analytical/instrumental testing. Attach pertinent analytical data or RFLE if necessary, etc.)

RESULTS:

UNCONTROLLED
COPY

Examiner: _____

Laboratory/Section: _____

Date: _____

Sample Consumed in Analysis