

**Virginia Department of Forensic Science
Request for Laboratory Examination**

Gray Areas are for DFS Use Only

Investigating Officer(s):

Telephone #: ()

Email Address:

Agency and Address:

Agency Case Number:

| | |
|------------------|---------------|
| FS Lab #: | Sub #: |
| | |

Names of Victims (Last, First, Middle):

Previous Submission? If yes, previous FS Lab #:

DOB:

Race/Sex:

Names of Suspects (Last, First, Middle):

DOB:

Race/Sex:

Date/Type of Offense:

Court Date: _____

District Circuit Juvenile Federal

Brief Statement of Fact (continue on separate page if necessary):

Jurisdiction of Offense: _____

Specify manner of return of evidence: Mail Personal Pick-up

| Container | Evidence Submitted: Itemize and Describe Evidence and Designate Requested Examinations |
|-----------|--|
| | <p>UNCONTROLLED COPY</p> |

This evidence is being submitted in connection with a criminal investigation and has not been examined by another laboratory. Tests performed utilize methods which are available on the Department website.

| | | | |
|------------------------------------|--------------|---------------------------------|--------------|
| Submitting Officer (print): | | Relinquished by (print): | |
| Sign: | Date: | Sign: | Date: |
| Received by (print): | | Received by (print): | |
| Sign: | Date: | Sign: | Date: |