FSD-007 (10/2018) Michigan State Police Page 1

## **Request for Laboratory Examination**

If evidence has been previously submitted to the laboratory on this incident, please indicate the Laboratory Number:

Amanay Day	ta:la										
Agency Details											
Agency Name				Agency Incident Number			File Class				
Submitting Officer (Name and Rank)				Submitting Officer Phone Number			Submitting Officer Email				
Investigating Officer (Name and Rank)				Investigating Officer Phone I			lumber Investigating Offic		er Email		
Carbon Copy Officer Name or Email											
Offense Details											
Date of Offense Location of Offense – S			- Street Ad	Street Address		Street Intersection 1			Street Intersection 1		
Two Digit County Code City						State		Zip Code			
Examination Details											
		nize evidence on page	two for B	iology/D	NA exam requests	 3					
Biology/[	Latent Prints Questioned Documents										
Controlled S	ubstance Exam	ns:	Medical	Marihu	ana Exams (MMA	Violation):	Subject	is:	Patient		
Overdos	Am	ount					Caregiver (Prov				
Possess	Secure Storage Location Number of Cards/Patients							ls/Patients)			
Manufac	Imp	roper T	ransport								
Other	Oth	Other:									
Firearms/Toolmarks Exams:					Trace Evidence Exams (Select all that apply):						
Open Shoot/NIBIN Entry Toolmarks Com				mparison Adulterant/		Unknown Chemical Lamp			Filaments	Paint	
Fired Ev	er Restoration		Ignitable Liquid/Arson Fr			Fract	ure Match	Glass			
Multiple	e/Determination E		Explosive R	Explosive Residue		Foot	wear/Tire track	Fiber			
Other:	Other:										
				Please itemize evidence on page two when requesting any examination ab					ion above		
Person Detail (Type Key: S = Suspect, V = Victim, E = Elimination)											
Type Name: First, Middle, Last				Race		Sex	Date of Birth		SID or FBI Number		
-7/		,,							0.2 0.1 2.11		
Statement of Facts/Details (Required)											
Dro Trial Dato											

, or Trial Date (if known)

IMPORTANT - PLEASE NOTE THE FOLLOWING REGARDING EVIDENCE PACKAGING AND DELIVERY:

- All evidence must be properly packaged and sealed in appropriate containers to prevent contamination and tampering.
- Potential hazards shall be clearly identified by labeling the container. Examples: biohazard, sharp, laceration, caustic or any other known or potentially
- The Forensic Science Division shall select and use the most appropriate testing method procedure(s).
- The Forensic Science Division reserves the right to transfer evidence in its laboratory system to another accredited laboratory to help facilitate examination of evidence.

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If evidence has been previously submitted to the laboratory on this incident, please indicate the Laboratory Number:

The following information is REQUIRED per Federal regulations, when a Biology or DNA examination is requested, to enable the Michigan State Police to accurately assess whether a DNA profile obtained from an evidentiary sample can be entered into the Combined DNA Index System (CODIS):

- Where the item was collected (i.e. location)?
- · To whom does the item allegedly belong?
- Why do you believe this item belongs to the perpetrator and NOT a victim or unrelated individual?

The information should be included in the DETAILS column below, along with a brief description for each item of evidence.

Items submitted for Trace Evidence examination should, at a minimum, contain the identity and specific location of collection (e.g. known carpet fibers from suspect's vehicle).

By submitting evidence to the laboratory, the Forensic Science Division reserves the right to consume biological evidence and/or items of evidence when necessary to complete any and all analysis unless instructed not to do so in the DESCRIPTION/DETAILS OF ITEM column below.

Item of Evidence	Description/Detail of Item