SLED LABORATORY
FORENSIC SERVICES REQUEST

SLED Lab No: _____

Name of Investigating Officer: _____

Agency: _____ **Phone No:** _____

Fax No: _____ **Email:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

CC: _____

Agency ID/ORI No: _____

Case No: _____

Case Type: _____

Offense Date: _____

County: _____

Officer Involved Shooting ☐ **Yes**

Has other evidence on this case been submitted to this lab?
☐Yes ☐No
If yes, Lab Number: _____

Is this evidence related to another lab number?
☐Yes ☐No
If yes, Lab Number: _____

For Toxicology Cases ONLY

Death:	☐Yes ☐No If yes : ☐ Traffic Fatality ☐ Child Fatality ☐Accidental ☐Natural ☐ Unexplained	
Traffic Fatality:	☐ Driver ☐ Passenger ☐ Pedestrian ☐ Motorcyclist ☐ Bicyclist ☐ Boating ☐ Other _____	
Other Causes:	☐ Gunshot ☐ Stabbing ☐ Beating ☐ Strangulation/Suffocation ☐ Drug/Poison/Alcohol ☐ Fire ☐ Disease ☐ Carbon Monoxide ☐ Hanging ☐ Electrocution ☐ Heart Related ☐ Drowning ☐ Other _____	
DUI:	Felony ☐ Yes ☐ No (**If felony resulted in death Victim's name is required**)	Breath test given: ☐ Yes ☐ No If yes, reading: _____

Drugs Suspected: ☐ Yes ☐ No If yes, list drugs _____

Subject(s)	Last Name, First Name, MI.	Sex	Race	DOB	SSN

Victim(s)	Last Name, First Name, MI.	Sex	Race	DOB	SSN

Issuing Authority: Quality Manager