

USE BALLPOINT PEN AND PRESS FIRMLY, PRINT ALL INFORMATION EXCEPT WHERE SIGNATURE IS REQUIRED

## SLED DRUG ANALYSIS REQUEST

LAB NO. \_\_\_\_\_  
COUNTY \_\_\_\_\_

CONTROL NO. \_\_\_\_\_  
WARRANT NO. \_\_\_\_\_

INCIDENT

Contributing Agency ORI SCO \_\_\_\_\_ Contributing Agency Case No. \_\_\_\_\_  
New Case  Additional Evidence  Case No. \_\_\_\_\_  
Type of Crime \_\_\_\_\_  
Incident Date \_\_\_\_\_  
Incident Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Report should be mailed to:

Name of Individual receiving report \_\_\_\_\_ Rank \_\_\_\_\_  
Department \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Street Address or Post Office Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

SUBJECTS

LAST	FIRST	MIDDLE	Race _____ Sex _____	DOB _____
			DL, SS or FBI No. _____	
LAST	FIRST	MIDDLE	Race _____ Sex _____	DOB _____
			DL, SS or FBI No. _____	
LAST	FIRST	MIDDLE	Race _____ Sex _____	DOB _____
			DL, SS or FBI No. _____	

EVIDENCE

The items submitted below will be examined with your assurance that the submitted specimens have not been nor will be submitted to any other laboratory or agency for Technical or Scientific examination.

Specimens submitted for examination: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PRINT Name of Requesting Officer

\_\_\_\_\_  
SIGNATURE of Requesting Officer