

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 _____

By signing, I acknowledge that I agree to the terms of the SLED Forensic Services Laboratory Customer Agreement located at <https://www.sled.sc.gov/forms/forensics/Customer%20Agreement.pdf>