



SLED LABORATORY FORENSIC SERVICES REQUEST

SLED Lab No: _____

Name of Investigating Officer: _____	Agency ID/ORI No: _____
Agency: _____ Phone No: _____	Case No: _____
Fax No: _____ Email: _____	Case Type: _____
Mailing Address: _____	Offense Date: _____
City: _____ State: _____ Zip Code: _____	County: _____
CC: _____	Officer Involved Shooting <input type="checkbox"/> Yes

Has other evidence on this case been submitted to this lab? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Lab Number: _____	Is this evidence related to another lab number? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Lab Number: _____
--	--

For Toxicology Cases ONLY	
Death:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes : <input type="checkbox"/> Traffic Fatality <input type="checkbox"/> Child Fatality <input type="checkbox"/> Accidental <input type="checkbox"/> Natural <input type="checkbox"/> Unexplained
Traffic Fatality:	<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Motorcyclist <input type="checkbox"/> Bicyclist <input type="checkbox"/> Boating <input type="checkbox"/> Other _____
Other Causes:	<input type="checkbox"/> Gunshot <input type="checkbox"/> Stabbing <input type="checkbox"/> Beating <input type="checkbox"/> Strangulation/Suffocation <input type="checkbox"/> Drug/Poison/Alcohol <input type="checkbox"/> Fire <input type="checkbox"/> Disease <input type="checkbox"/> Carbon Monoxide <input type="checkbox"/> Hanging <input type="checkbox"/> Electrocution <input type="checkbox"/> Heart Related <input type="checkbox"/> Drowning <input type="checkbox"/> Other _____
DUI:	Felony <input type="checkbox"/> Yes <input type="checkbox"/> No (If felony resulted in death Victim's name is required) Breath test given: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, reading: _____
Drugs Suspected: <input type="checkbox"/> Yes <input type="checkbox"/> 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