

# Oregon State Police Forensic Services Request

Page \_\_\_\_ of \_\_\_\_

	<input type="checkbox"/> <b>Rush</b>	Gray Area for Lab Use Only		Analyst: _____
Reason: _____	Start Date: _____	Lab Case #		Page ____ of ____
Date Due: _____	DA Contact: (if known) _____	Sub #		
Agency Case #	<input type="checkbox"/> Additional Name Info Only <input type="checkbox"/> Previous Evidence Submitted	Req #		
Agency	Secondary Agency Case #	Restrict this case to: (Refer to the OSP Forensic Services Website <a href="https://tinyurl.com/OSP-Forensic-Documents">https://tinyurl.com/OSP-Forensic-Documents</a> for further information) Investigating Officer      Agency      Lab Staff		

Offense <input type="checkbox"/> FMVA	Offense Date (mm/dd/yy)	County of Venue
Last (Individual # 1) <input type="checkbox"/> No Suspect ABIS Search	First	Middle

<input type="checkbox"/> Suspect <input type="checkbox"/> Victim	<input type="checkbox"/> Mentioned <input type="checkbox"/> Deceased	Race	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB (mm/dd/yy)	SID #	FBI #	Breath Test Given? <input type="checkbox"/> Yes <input type="checkbox"/> No Result _____
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Last (Individual # 2)	First	Middle
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<input type="checkbox"/> Suspect <input type="checkbox"/> Victim	<input type="checkbox"/> Mentioned <input type="checkbox"/> Deceased	Race	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB (mm/dd/yy)	SID #	FBI #	Breath Test Given? <input type="checkbox"/> Yes <input type="checkbox"/> No Result _____
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Last (Individual # 3)	First	Middle
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<input type="checkbox"/> Suspect <input type="checkbox"/> Victim	<input type="checkbox"/> Mentioned <input type="checkbox"/> Deceased	Race	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB (mm/dd/yy)	SID #	FBI #	Breath Test Given? <input type="checkbox"/> Yes <input type="checkbox"/> No Result _____
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Investigating Officer (Please Print)	Phone # of Investigating Officer	E-mail of Investigating Officer
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**The Oregon State Police Forensic Services Division reserves the right to select appropriate methods of analysis based on the type of evidence and information provided.**

Lab Exhibit	Agency Exhibit	Description of Evidence <small>(Please associate evidence with appropriate individual, if applicable)</small>	Requested service (Refer to the OSP Forensic Services Website <a href="https://tinyurl.com/OSP-Forensic-Documents">https://tinyurl.com/OSP-Forensic-Documents</a> for further information)

Submission of this form indicates agreement with the confidentiality, simplified reporting, and selection of methods information available at the following location: [https://www.oregon.gov/osp/Docs/FSD\\_Customer\\_Communication.pdf](https://www.oregon.gov/osp/Docs/FSD_Customer_Communication.pdf)

Submitted to Lab By (Please Print)	Submitted to Lab By (Signature)	Date Submitted
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Submitted via <input type="checkbox"/> UPS <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Certified Mail  <input type="checkbox"/> Other	<b>LAB USE ONLY</b>		
Date / Time			
Lab Staff			

Evidence Transfer or Referral Received From:	Via: <input type="checkbox"/> UPS	Date / Time	Lab Staff	<input type="checkbox"/> Item(s) <input type="checkbox"/> Submission
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