

**Oregon State Police
Forensic Services Request
High Throughput Property Crime
DNA Request Form**

Page ____ of ____

	<input type="checkbox"/> Rush	Gray Area For Lab Use Only	Analyst: _____
Reason: _____	Start Date: _____	Page ____ of ____	
Date Due: _____	Lab Case # _____	Sub # _____	
Agency _____	DA Contact: (if known) _____	Req # _____	
Agency Case # _____	<input type="checkbox"/> Additional Suspect Info Only <input type="checkbox"/> Previous Evidence Submitted		

Secondary Agency (ex. agency assist)	Secondary Agency Case # _____	Restrict this case to: (Refer to the OSP Forensic Services Website https://tinyurl.com/OSP-Forensic-Documents for further information) Investigating Officer _____ Agency _____ Lab Staff _____
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Offense _____	Offense Date (mm/dd/yy) _____	County of Venue _____
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Last (Individual # 1)	First _____	Middle _____
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<input type="checkbox"/> Suspect <input type="checkbox"/> Mentioned <input type="checkbox"/> Victim <input type="checkbox"/> Deceased	Race _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB (mm/dd/yy) _____	SID # _____	FBI # _____	
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Last (Individual # 2)	First _____	Middle _____
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<input type="checkbox"/> Suspect <input type="checkbox"/> Mentioned <input type="checkbox"/> Victim <input type="checkbox"/> Deceased	Race _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB (mm/dd/yy) _____	SID # _____	FBI # _____	
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Last (Individual # 3)	First _____	Middle _____
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<input type="checkbox"/> Suspect <input type="checkbox"/> Mentioned <input type="checkbox"/> Victim <input type="checkbox"/> Deceased	Race _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB (mm/dd/yy) _____	SID # _____	FBI # _____	
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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.

UEMV or UUMV: Dates stolen: _____ Item swabbed: _____	Dates Recovered: _____
<small>Steering wheel swabs require submission of owner/regular driver DNA standards. *see statement below for other items swabbed</small>	

Other Offenses: Describe what occurred, the evidence swabbed, and how it's related to the offense
*For ALL other items, document that they are not the victim's and/or they did not handle it, or elimination standards are required.

Lab Exhibit	Agency Item #	Type of Swab(s) Submitted		What or Who was Swabbed: <small>(Ex. Steering wheel, straw, cigarette butt, or NAME of person)</small>	Was swabbed Item Collected / Retained?	If yes: will any further processing occur?	If no: was a 2 nd swab obtained?	CODIS Eligibility Confirmed
		Bode Swab Evidence	Oral Swab Reference					

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

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 Date / Time _____ Lab Staff _____	LAB USE ONLY
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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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