

**STATE OF CONNECTICUT**  
 DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION  
**DIVISION OF SCIENTIFIC SERVICES**  
 278 COLONY STREET, MERIDEN CT 06451  
 TELEPHONE (203) 639-6400 FAX (203) 639-6484

**REQUEST  
 FOR  
 ANALYSIS**



**Has evidence been previously submitted?** If "Yes", Laboratory Number: \_\_\_\_\_

**Name & Address of Submitting Agency:** \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Type of Offense: \_\_\_\_\_  
 Town of Incident: \_\_\_\_\_  
 Date of Incident: \_\_\_\_\_  
 Agency Case Number: \_\_\_\_\_

**Investigating Officer Requesting Analysis(Print Name):** \_\_\_\_\_

Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Name of Victim (Last, First, M)	DOB	Race	Sex

Name of Suspect (Last, First, M)	Arrest Made?	DOB	Race	Sex	SPBI#

**Detailed Case History (or attach Police Report or Complete Search Warrant):**

Information on Evidence Submitted		Type of Examination Requested (check box)											Respond: Yes or No		
Agency Item#/ Exhibit#	Briefly describe the contents of each package of evidence	Arson/GSR	Biology/DNA	Firearms/ Toolmarks	Imprints/ Footwear	Latent Prints*	Quest. Docs	Trace	Controlled Substance	Toxicology**	Computer Analysis	Video/Audio	Other (Explain)	Was this evidence collected at the primary crime scene?	Was this evidence collected from the suspect's person or possession?

**Property Crimes: Is total property loss or damage over \$2,000.00?** *If "No", please contact the Laboratory prior to submitting the evidence*

**Person Submitting Evidence (Print Name):** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*All Latent Print non-porous evidence must be fumed prior to submission unless other arrangements have been made with the Laboratory.  
 \*\*DUI evidence should be accompanied with Form DPS-0009-C (Rev. 9/2013)  
 SOP-ER-02 (12/2013)*

