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**	*Laboratory Identification Number* *Laboratory Use Only*

Submitting Agency Case Number: _____

Information on Evidence Submitted:		Type of Examination Requested: (check box)												Other (circle response)	
Agency Item#/ Exhibit#	Briefly describe the contents of each package of evidence	Arson/GSR	Biology/DNA	Firearms	Imprints	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 collected from the suspect's person or possession?
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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.*

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