

Lab ID # _____

State of Connecticut
 Department of Public Safety
 Division of Scientific Services

Request For Examination Of Physical Evidence

Forensic Science Laboratory

Toxicology Laboratory
 10 Clinton Street 4th Floor

Computer Crime Laboratory
 278 Colony Street
 Meriden, CT 06451
 (203) 639-6400

Hartford, CT 06106
 (860) 509-8600

Narc/Drug

Alcohol Analysis

Case Previously Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," Lab ID #: _____	Examined By Other Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," specify: _____						
Name of Submitting Agency: _____							
Address: _____ Telephone: () _____							
Agency Case#: _____	Incident Town: _____						
Incident Type: _____	Incident Date: _____						
Victim(s) Name (s):	D.O.B.	Race	Sex	Suspect (s) Name (s)	D.O.B.	Race	Sex

Summary of Case:

Item #	Name and Description:	Type of Examination Requested:

Remarks:	
Person Requesting Examination (please print name)	Date of Request
Person Receiving Request	Date Received

