

FORENSIC LABORATORY EXAMINATION REQUEST		FOR LAB USE ONLY
TO: <i>(Include Zip Code)</i>	FROM: <i>(Include Zip Code)</i>	REFERRAL NUMBER
		REGISTERED MAIL NUMBER
		DATE RECEIVED
1. CONTRIBUTOR'S CASE NUMBER		RECEIVED BY
2. INVESTIGATOR'S NAME		3. AUTOVON AND PHONE NUMBER
4. SUSPECT'S NAME <i>(Last, First, Middle Initial)</i>		5. VICTIM'S NAME <i>(Last, First, Middle Initial)</i>
6. TYPE OF OFFENSE	7. ONE COPY OF EVIDENCE RECEIPT ENCLOSED WITH EVIDENCE <input type="checkbox"/> YES <input type="checkbox"/> NO	8. OTHER EVIDENCE HAS BEEN PREVIOUSLY SUBMITTED ON THIS CASE <input type="checkbox"/> YES <input type="checkbox"/> NO
9. IF "YES" IN ITEM 8 ABOVE, LIST OTHER SUSPECTS, DATE SUBMITTED, UNIT CASE, AND REFERRAL LAB NUMBERS		
10. EVIDENCE SUBMITTED		
11. EXAMINATION REQUESTED		
12. BRIEFLY FURNISH ANY INFORMATION OR INSTRUCTIONS THAT MIGHT ASSIST THE LABORATORY IN EXAMINING, EVALUATING, OR RETURNING EVIDENCE AND/OR REPORT		
<i>This evidence has not been and will not be submitted by, or on behalf of, the security police or AFOSI to another laboratory for the same type of technical examination, nor will another expert be called to testify for the prosecution in the same technical field.</i>		
TYPE OR PRINT NAME OF REQUESTOR	SIGNATURE	DATE

