

Virginia Department of Forensic Science Request for Laboratory Examination

Gray Areas are for DFS Use Only

Investigating Officer(s):

Telephone #: ()

Email Address:

Agency and Address:

Agency Case Number:

Names of Victims (Last, First, Middle):

Names of Suspects (Last, First, Middle):

Date/Type of Offense:

Brief Statement of Fact (continue on separate page if necessary):

FS Lab #:	Sub #:

Previous Submission? If yes, previous FS Lab #:

DOB:

Race/Sex:

DOB:

Race/Sex:

Court Date: _____

District Circuit Juvenile Federal

Jurisdiction of Offense: _____

Specify manner of return of evidence: Mail Personal Pick-up

Container	Evidence Submitted: Itemize and Describe Evidence and Designate Requested Examinations

This evidence is being submitted in connection with a criminal investigation and has not been examined by another laboratory. Tests performed utilize methods which are available on the Department website.

Submitting Officer (print):	Relinquished by (print):
Sign: _____ Date: _____	Sign: _____ Date: _____
Received by (print):	Received by (print):
Sign: _____ Date: _____	Sign: _____ Date: _____