

**LABORATORY PRIORITY REQUEST FORM**

*Every effort will be made to meet the priority requested date. Due to the nature of forensic evidence and the availability of an analyst, the requested priority date cannot be guaranteed.*

Laboratory Case Number: \_\_\_\_\_

Police Agency: \_\_\_\_\_ CR Number: \_\_\_\_\_

Suspect's Name: \_\_\_\_\_

Victim's Name: \_\_\_\_\_

**-----Type(s) of analysis requested (circle all that apply) -----**

Biology (Screening)      Biology (DNA)      Digital Evidence      Drugs

Firearms      Toolmarks      Fire Debris

Trace:   Hair   Fiber   Impressions   Fiber   Glass   Paint   Explosives  
 General physical and chemical   other \_\_\_\_\_

**----- Reason for priority request (circle one, then specify date of event) -----**

Trial      Trial date: \_\_\_\_\_

Grand Jury or Preliminary Hearing      GJ or PH date: \_\_\_\_\_

Investigation

Requestor's phone number: \_\_\_\_\_

Requestor's name (please print clearly): \_\_\_\_\_

Submitting agency has been instructed to send item(s) to lab?    Yes    No

Who was contacted from agency? \_\_\_\_\_

===== **FOR LABORATORY USE** =====

Date priority received: \_\_\_\_\_ By: \_\_\_\_\_

Assigned to: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

Lab comments:

Approved By	John R. Clark 11-25-13	Revision	2013-11/25	Document ID	PSL-221	Issued on	11-25-13
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