



**COUNTY OF OAKLAND
OFFICE OF THE SHERIFF
Michael J. Bouchard**

For Office Use Only

Forensic Science Laboratory

1200 North Telegraph Road Bldg. 38 East, Pontiac, Michigan, 48341 (248) 858-5018

Lab# _____

REQUEST FOR TESTING

| | | |
|-------------------------------|----------------------------|-------------------------------|
| Submitted By: _____ | Date: _____ | Property Locker: _____ |
| Agency: _____ | Substation: _____ | |
| Complaint #: _____ | Offense: _____ | |
| Report To: _____ | Offense Date: _____ | |
| Telephone/Fax #: _____ | Email: _____ | |

Individuals: If known reference standards are not received with the submission it may delay analysis or evidence may be returned until the known reference standards are obtained.

| Name (Last, First) & Type | Gender / Date of Birth | Known Collected | SID/FBI # |
|---|------------------------|-----------------|-----------|
| Name: Suspect Victim Elimination | Gender: DOB: | | |
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Synopsis/Special Instructions:

For BIOLOGY/DNA cases, the laboratory must evaluate and document all evidence for potential CODIS upload. A synopsis or investigative report is required to aid in this process. For all other cases, any pertinent information or special instructions would be appreciated.

