



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

For Office Use Only

Forensic Science Laboratory

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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.

