

- Dist:
- City:
- Fed:

REQUEST FOR SCIENTIFIC ANALYSIS

- New Case
- Additional Evidence
- Resubmission

LSP CL NUMBER SP-

SUBMITTING AGENCY:		ADDRESS:		CITY:		ZIP:		
AGENCY CASE NUMBER:		ACCIDENT REPORT NUMBER:		LSP LOG NUMBER:				
NAME OF PRIMARY CASE OFFICER:		CONTACT PHONE(S):		EMAIL ADDRESS:				
OFFENSE(S):			DATE OF OFFENSE(S):		PARISH OF OFFENSE(S): <small>Choose an item.</small>			
TYPE OF CASE: <input type="checkbox"/> FATALITY <input type="checkbox"/> SERIOUS INJURY <input type="checkbox"/> WARRANT COLL. <input type="checkbox"/> BAC g%	CASE SYNOPSIS:					REPORT ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
SUBJECT NAME (LAST, FIRST, MIDDLE):	S / V / E*	DECD	RACE	SEX	DOB (MM/DD/YY)	JUV	DL# / STATE	STATE SID#
		<input type="checkbox"/>				<input type="checkbox"/>		
		<input type="checkbox"/>				<input type="checkbox"/>		
		<input type="checkbox"/>				<input type="checkbox"/>		
		<input type="checkbox"/>				<input type="checkbox"/>		
		<input type="checkbox"/>				<input type="checkbox"/>		
SV/E = SUSPECT / VICTIM / ELIMINATION		DECD = DECEASED			JUV = JUVENILE			

REQUEST CODES AR = Fire Debris/Ignitable Liquids BA = BLOOD ALCOHOL CDS = Controlled Dangerous Substance	DNA = DNA FC = FRACTURE COMPARISON FIRE = FIREARMS TL = TOOLMARKS	GSR = Gunshot Residue IC = IMPRESSION COMPARISON MJ = MARIJUANA NIBIN = NIBIN	PC = PRINT COMPARISON PP = PRINT PROCESSING SN = SERIAL NUMBER RESTORATION TOX = DRUG SCREEN	VE = VEHICLE EXAM BPA = BLOODSTAIN PATTERN ANALYSIS OT = OTHER (DETAILS)
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EVIDENCE / BA KIT NO.	DESCRIPTION OF EVIDENCE (DESCRIBE CONTAINERS, CONTENTS, ETC.)	REQUEST CODE

EVIDENCE DELIVERED BY:

CHAIN OF CUSTODY

EVIDENCE RECEIVED BY:

PRINT NAME

SIGNATURE

SIGNATURE

DATE

TIME

EVIDENCE RETURN

RELEASED TO (PRINT): _____ RELEASED BY: _____ ITEM(S): _____
SIGNATURE: _____ DATE: _____

RELEASED TO (PRINT): _____ RELEASED BY: _____ ITEM(S): _____
SIGNATURE: _____ DATE: _____