

PART A REQUEST FOR EXAMINATION OF PHYSICAL EVIDENCE

Requesting Officer: _____ County of Offense: _____ Lab # _____
Requesting Agency: _____ ORI #: _____ SBI File # _____

PLEASE PLACE A CHECK MARK (✓) BESIDE THE PREFERRED ADDRESS

☐ Agency P. O. Box, City and Zip: _____ Agency File # _____
☐ Agency Street Address, City and Zip: _____ Type of Case: _____
CAA (SBI Case Agent Assigned): _____ DIC (SBI District in Charge): _____ Date of Offense: _____
Investigating Officer Name and Best Contact Number – Name: _____ Contact Number: _____

VICTIM(S)	Race/Sex	DOB	SUSPECT(S)	Race/Sex	DOB	ID #

Has any evidence in this case been submitted to the laboratory previously? _____ *If yes, to which section(s)?* _____

Lab Item #	Agency Item #	Type Container/Description of Evidence	Examine For	Exact Location Found (Use names for body fluid/DNA Evidence)

Additional Analysis Requested / Instructions:

EVIDENCE WILL BE RETURNED TO THE REQUESTING OFFICER

STATE CRIME LABORATORY CHAIN OF CUSTODY USE ONLY

The signatures of North Carolina State Crime Laboratory employees appearing below indicate that the material described above under *TYPE CONTAINER / DESCRIPTION OF EVIDENCE* was delivered to the person (approved carrier) indicated, on or about the date stated, and was delivered in essentially the same condition as received. By submitting this form, you acknowledge and approve laboratory personnel to use the most appropriate and up to date methods authorized by our laboratory and/or sample submission to another laboratory to best meet your needs.

ITEM(S)	Received By: (Print) (Initial)	Received From: (Print) (Initial)	DATE