1. A CCBI Laboratory Request Form must be completed for any item submitted to the CCBI Crime Laboratory. Submission of a CCBI Laboratory Request Form to the Crime Laboratory serves as a contract authorizing CCBI Crime Laboratory personnel to select appropriate methods and to process and conduct forensic examinations utilizing policies and procedures or exceptions to policy and procedures approved by CCBI management. All approved CCBI Laboratory policies and procedures and the laboratory request form are located at <http://www.wakegov.com/ccbi/crimjustice/Pages/default.aspx>.
2. The CCBI Crime Laboratory issues a report for all laboratory work. Laboratory reports summarize laboratory examinations and results. Case files containing all examination notes, data, and documentation are maintained in a CCBI Crime Laboratory case file for each examination and may be provided upon an appropriate request. The submitting agency will be notified of any laboratory request which cannot be completed. The CCBI Laboratory Request form will serve as the acquisition report for test fires submitted by law enforcement agencies for entry into the National Integrated Ballistic Information Network (NIBIN). Should a subsequent NIBIN lead be developed, a separate report containing information regarding the lead will be issued.
3. All items received by the CCBI Crime Laboratory must be secured in a manner to ensure and protect evidentiary value. All firearms must be unloaded prior to submission to the CCBI Crime Laboratory. The CCBI Crime Laboratory must be advised prior to submission of any firearm that is not unloaded. Items submitted to the CCBI Crime Laboratory which contain biological hazards must be clearly labeled. Hypodermic needles will not be accepted for examination without prior approval from the CCBI Crime Laboratory. The CCBI Crime Laboratory reserves the right to refuse at its discretion any request which does not meet these requirements.
4. Laboratory procedures inherently have limitations. The CCBI Crime laboratory will provide accurate forensic examinations based on CCBI approved procedures and resources available at the time of examination.
5. Identification of chemical substances are based upon comparison to reference material collections currently available at the time of examination. The CCBI Crime Laboratory makes every reasonable effort to maintain a current reference material collection and to acquire reference materials from accredited reference material sources.
6. All DWI submissions will be analyzed for blood alcohol content. Case submissions requesting a blood drug examination that do not involve a serious injury to a victim will not be examined for blood drugs if the blood alcohol concentration is greater than 0.08 gram per 100 ml of whole blood unless there is a request from the District Attorney’s Office. Blood drug examinations specifically target controlled substances and their metabolites. Additional examinations for non-controlled impairing substances will not be conducted unless a request is received from the District Attorney’s Office. Cases in which a preliminary drug test produces a positive indication for cannabinoids will not be subjected to a confirmatory analysis for cannabinoids if other controlled substances or their metabolites are identified unless there is a request from the District Attorney’s Office.
7. For latent requests to compare, Limited Examinations will be performed unless otherwise requested and specified in Additional Examination Comments section of the CCBI Laboratory Request Form.

**Agency Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Submitting Agency** |  | **CCBI Case Number** |  |
| **Requesting Person** |  | **Agency Case Number** |  |
| **Agency Address** |  | | |
| **Phone** |  | **Email** |  |

**Subject Information:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Subject Name** | **Race** | **Sex** | **DOB** | **Type of Offense** | **Date of Offense** | **ID#** |
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| **Victim(s) Name** |  |

**Laboratory Examination Requests: \*Required for examination requests. Use CCBI Laboratory Request Continuation Form for additional items.**

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| --- | --- | --- | --- | --- |
| **Agency**  **Item #** | **CCBI Item #** | **Evidence Description** | **Type of Request** | **Exact Location**  **of Evidence** |
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**Controlled Substance Requests:** Check this box if this request is from the District Attorney’s Office.

**DWI Blood Requests:** Check this box if death or serious injury has occurred to a victim.

List suspected impairing substance(s) other than alcohol.

**Digital Evidence Requests:** List known digital device passwords.

**Facial Recognition / Video Enhancements Requests:** List video time frame(s), description of suspect(s), and suspect action(s) of interest here.

**Additional Examination Comments:**

**CHAIN OF CUSTODY: \*Required for all requests.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item #** | **Date** | **Received By**  *(Print Name and Sign or Initial)* | **Received From**  *(Print Name and Sign or Initial)* |
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**Agency Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Submitting Agency** |  | **CCBI Case Number** |  |
| **Requesting Official** |  | **Agency Case Number** |  |
| **Agency Address** |  | | |
| **Phone** |  | **Email** |  |

**NIBIN Test Fire Requests:**  **\*All information in the table is required. Limit of 5 per request form.**

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| **Agency**  **Case #** | **Agency Item #** | **Make** | **Model & Importer** | **Caliber** | **Type** | **Serial Number** | **Offense**  **Type** | **Offense Date** | **Date Seized** | **CCBI Laboratory Use** | | |
| **A/C** | **Date/**  **Initials** | **R** |
|  |  |  |  |  |  |  |  |  |  | **Acq** |  |  |
| **1st** |  |  |
| **2nd** |  |  |
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| **1st** |  |  |
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| **1st** |  |  |
| **2nd** |  |  |

**Additional NIBIN Test Fire Comments:**

**Ten Print Comparison Requests: \* List information for the pending charge for this request in the first line of the box.**

**Check the type of pending charge for this Ten Print request:**  **Habitual Felon**  **Firearm by Felon**  **Other**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Subject Name** | **Race / Sex** | **DOB** | **ID#** | **Date of Offense** | **Date of Arrest** | **County of Conviction** | **Court Docket #** | **Charges** |
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**Additional Ten Print Comparison Comments:**

**CHAIN OF CUSTODY: \*Required for all requests**

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| --- | --- | --- | --- |
| **Item #** | **Date** | **Received By**  *(Print Name and Sign or Initial)* | **Received From**  *(Print Name and Sign or Initial)* |
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