



COUNTY OF OAKLAND
OFFICE OF THE SHERIFF
Michael J. Bouchard
Forensic Science Laboratory

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

For Office Use Only

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.



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Evidence:

Tag / Item #	Evidence Description	Source/Specific Location of Evidence (Suspect's House, Victim's Car, Crime Scene, etc.)	Service(s) Requested (per item)