



Forensic Chemistry Unit - Request for Analysis

Date of Request:	Case Complaint Number (CCN):	Other Case/ID Number(s):
Date Recovered:	Suspect:	Location Obtained:

Purpose of Submission?	Investigative	Court	Warrant	Information Only
How was the submission obtained?				
	Purchased	Compliance Sample (Non-Criminal)		Internal Body Carry*
	Seized	Free Sample		Stockpile Reverse Undercover
	Money Flashed	Clandestine Laboratory Seizure		Regulatory
	Other:			

*A biohazard warning label must be placed on the heat sealed evidence envelope containing the evidence from an internal body carry.

NOTE: Syringes or sharps must be secured in a puncture-resistant container with a biohazard warning label

ITEMS SUBMITTED (Up to 6 items per Request for Analysis): **Note: Items of different types should be packaged separately.**

#	Item Number:	Suspected Drugs:	Item Description	Units Submitted	Biohazard Syringe Sharps
1					
2					
3					
4					
5					
6					

Submitting Agency:	Submitter's Name:	Submitter's Contact Information:
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COURT INFORMATION (IF APPLICABLE):

Court Date:	Court Location:	Court Case Number:	Assigned District Attorney:
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NOTE: DRUG EVIDENCE MUST BE SUBMITTED IN A COLORLESS, HEAT-SEALED EVIDENCE BAG, IF ABLE.

Notes:
