

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 C		Court	Warrant		Information Only	
How was the submission obtained?									
			Purchased	Complia	nce Sample (Non-Criminal)		al)	Internal Body Carry*	
			Seized	Free San	mple			Stockpile Reverse Undercover	
			Money Flashed	Clandest	ine 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:	: Sı	spected Drugs:	Item Description	n			Units Submitted	Biohazard
1									Syringe
									Sharps
	Item Number:	: St	spected Drugs:	Item Description	n			Units Submitted	Biohazard
2									Syringe
	Tr NT 1	C	(. 1 D	II Danaiatia	_			Units Submitted	Sharps
2	Item Number:		spected Drugs:	Item Description			Offics Submitted	Biohazard	
3									Syringe
	Item Number:		ıspected Drugs:	Item Description			Units Submitted	Sharps	
4			ispected Drugs.	Tient Description				Biohazard	
T									Syringe
	Item Number:		spected Drugs:	Item Description			Units Submitted	Sharps Biohazard	
5			1 0	1					Syringe
									Sharps
	Item Number:		spected Drugs:	Item Description			Units Submitted	Biohazard	
6									Syringe
									Sharps
Submitting Agency: Submitter's Name: Submitter's Contact Information:									
COURT INFORMATION (IF APPLICABLE):									
Court Date: Court			ocation:	Court Case Number:			Assigned District Attorney:		
NOTE: DRUG EVIDENCE MUST BE SUBMITTED IN A COLORLESS, HEAT-SEALED EVIDENCE BAG, IF ABLE.									
Notes:									