



**OKLAHOMA STATE BUREAU OF INVESTIGATION
REQUEST FOR LABORATORY EXAMINATION**

Requesting Officer: _____ Badge # _____ Agency/Troop: _____
(TYPE / PRINT - OFFICER'S NAME)

Requesting Officer's Email: _____ Phone No: _____

Submitting Officer: (Person delivering evidence to the OSBI Laboratory)

Evidence Delivered: In Person By Mail

(TYPE / PRINT - OFFICER'S NAME & BADGE#)

(OFFICER'S SIGNATURE)

(AGENCY/TROOP)

Requesting Agency Case #: _____

Type of Offense: _____

County of Offense: _____

Date of Offense: _____

OSBI Laboratory Number

If evidence has been previously submitted to the laboratory on this case, please provide the OSBI Lab Number _____

SUBJECT/SUSPECT(S):

Last Name, First Name, Middle Name	DOB	Race	Sex	SSN	Knowns Submitted*
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

*For Biology and Print cases only, if knowns have not been submitted, please attach a signed statement describing what steps have been taken to obtain knowns.

VICTIM(S):

Last Name, First Name, Middle Name	DOB	Race	Sex	Knowns Submitted
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

EVIDENCE SUBMITTED:

Itemized Description of Evidence (Attach additional pages if necessary)	Type of Exam Requested** (per item)

**For all Biology/DNA/CODIS requests, an officer statement or police report is required

SEND A COPY OF REPORT TO: (include address)

Copy of report to DA's OFFICE:
 Yes No

Upon submission of evidence to the OSBI Laboratory for examination, the requesting officer agrees to the following terms:
The OSBI shall select and use the most appropriate testing method and procedure.
Evidence may be subject to methods which are destructive and may damage the evidence.