

PART A

UGZWCN'CUUCWV'MK'QWUQWTERPI 'CRRTQXCN

Use *Continuation Sheet* to list additional items of evidence

Requesting Officer:		County of Offense:		NCSCL Lab #:	
Requesting Agency:		ORI #:			
Agency Address, City and Zip:				Agency File #:	
				Type of Case:	
Investigating Officer Name:				Date of Offense:	
Contact Number and Email:					
Vendor Lab Name:			Vendor Lab #:		

VICTIM(S)	Race/Sex	DOB	SUSPECT(S)	Race/Sex	DOB	ID #

Has any evidence in this case been submitted to the NCSCL laboratory previously? _____ If yes, to which section(s)? _____

Agency Item #	Description of Evidence	Exact Location Found (Use names for body fluid/DNA Evidence)

PART B:

Is there documentation to indicate a crime was committed?	<input type="radio"/> Yes	<input type="radio"/> No
Have DNA profiles from the victim and suspect been included?	<input type="radio"/> Yes	<input type="radio"/> No
Have DNA profiles from all the consensual partners (within 96 hrs) been included?	<input type="radio"/> Yes	<input type="radio"/> No
Was the evidence seized from the suspect's person?	<input type="radio"/> Yes	<input type="radio"/> No

CODIS Approval (Vendor Lab shall not work case unless signed by NCSCL):

Notes:

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Form approved for use by: Forensic Biology FSM/CODIS Administrator

PART C: Include a brief summary of the events of the crime or you may attach a copy of the investigative report. Be sure to provide details as to why/how you believe this evidence is linked to the perpetrator of the crime. **PART C IS REQUIRED TO BE COMPLETED BEFORE CODIS APPROVAL MAY BE GRANTED.**