## MONROE COUNTY CRIME LABORATORY

85 W. Broad Street, Rochester, NY 14614 (585) 753-3535

Laha	watery Beguest for Testing, Screening	and DNA	
Forensic Biology	oratory Request for Testing: Screening	and DNA	
CR #	Agency Name		
	□ Robbery □ Burglary □ Arson □	 □ CPW/Firearms  □ Other	
Case Contacts	Phone Number	Email	
Investigator:			
Supervisor:			
, , ,	dence, please complete this form when or or their supervisor <b>PRIOR</b> to evidence		is form should
the only evidence being submitted	in a case is a Sexual Assault Kit, this fo	rm is not required.	
	nore than 5 items, please contact the ology section may be used in lieu of the		nission.
/ho at the lab was contacted?	W	/hen?	
Was the evidence collected fr	om the crime scene?	□ Yes	□ No
2. Is the evidence associated win		□ Yes	□ No
(Note that firearms/possession cas	ses are typically not eligible for CODIS entry.)		
3. Do the item(s) being submitte	ed belong to the property owner?	□ Yes	□ No
4. Was the evidence collected fr	rom the suspect's person, home, or pro	pperty? □ Yes	□ No
	er handle the evidence at any time? les may be requested prior to entry into CODI		□ No
		[CON	les will not be
		Į o o	les will not be
For Laboratory use only:  Case Number:	Date:	Initials:	_

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Approved By:	Gail Conklin	Revision:	4	Qualtrax ID:	1665	Effective Date:	05/18/2021
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	Laborator	y Request fo	or Testing: Screening and DNA		
	Forensic Biology				
not p hat th	resent prior to the incident oc e homeowner denies owning.)	ccurring? (Fo	s) recovered at the crime scene do not belong to them or were or example, a cigarette butt found in a home where no one smokes or a  □ Yes □ No		
Questioned	item(s) requested for biolog	ical testing			
Agency Item #	Description	Origin (V or S)	Collection location		
			□ home □ vehicle □ body □ Other		
			□ home □ vehicle □ body □ Other		
			□ home □ vehicle □ body □ Other		
			□ home □ vehicle □ body □ Other		
			□ home □ vehicle □ body □ Other		
DNA refere	nce samples requested for co	mparison*			
Agency Item # Name of donor Association to incident		ion to incident			
		□ Victim □ Suspect □ Consensual Sex Partner □ Other			
		□ Victim	□ Suspect □ Consensual Sex Partner □ Other		
		□ Victim	□ Suspect □ Consensual Sex Partner □ Other		
*Reference sam	ples submitted without questioned	items for comp	parison will not be tested.		
For Laborat	ory use only:				
Additional i	nformation requested: I	Date:	Analyst:		
Case Numb	er:	Date	e: Initials:		

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