

MONROE COUNTY CRIME LABORATORY  
85 W. Broad Street, Rochester, NY 14614  
(585)-753-3535 (phone)  
(585)-753-3494(fax)

**LABORATORY PRIORITY REQUEST FORM**

*Every effort will be made to meet the priority requested date. Due to the nature of forensic evidence and the availability of an analyst, the requested priority date cannot be guaranteed.*

Laboratory Case Number: \_\_\_\_\_

Police Agency: \_\_\_\_\_ CR Number: \_\_\_\_\_

Suspect's Name: \_\_\_\_\_

Victim's Name: \_\_\_\_\_

-----**Type(s) of analysis requested (check all that apply)**-----

Biology (Screening)      Biology (DNA)      Digital Evidence      Drugs

Firearms      Toolmarks      Fire Debris      Drug Quant

Trace:      Hair      Fiber      Impressions      Glass      Paint      Explosives  
            General physical and chemical      other \_\_\_\_\_

----- **Reason for priority request (check one, then specify date of event)** -----

Trial      Trial date: \_\_\_\_\_

Grand Jury or Preliminary Hearing      GJ or PH date: \_\_\_\_\_

Investigation      Discovery      Discovery date: \_\_\_\_\_

Requestor's name & agency: \_\_\_\_\_

Requestor's phone number: \_\_\_\_\_

**Submitting agency has been instructed to send item(s) to lab?    Yes    No**

**Who was contacted from agency?** \_\_\_\_\_

===== **FOR LABORATORY USE** =====

*Date priority received:* \_\_\_\_\_ *By:* \_\_\_\_\_

*Assigned to:* \_\_\_\_\_ *By:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Lab comments:*

Approved By	John R. Clark 01-14-20	Revision	2020-01/14	Document ID	PSL-221	Issued on	01-14-20
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