

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

Laboratory Request for Testing: Screening and DNA	
Forensic Biology	

CR #		Agency Name	
Incident Date		Victim Name(s)	
Crime Type: <input type="checkbox"/> Homicide <input type="checkbox"/> Assault <input type="checkbox"/> Robbery <input type="checkbox"/> Burglary <input type="checkbox"/> Arson <input type="checkbox"/> CPW/Firearms <input type="checkbox"/> Other _____			

Case Contacts	Phone Number	Email
Investigator:		
Supervisor:		

To expedite analysis of biological evidence, please complete this form when testing is requested. This form should be completed by the case investigator or their supervisor **PRIOR** to evidence being sent to the lab.

If the only evidence being submitted in a case is a Sexual Assault Kit, this form is not required.

For Homicide cases and cases with more than 5 items, please contact the Laboratory prior to submission. Communication with the Forensic Biology section may be used in lieu of this form.

Who at the lab was contacted? _____ When? _____

Brief Case Synopsis: *Be sure to include how the items listed below are associated with the crime and the perpetrator. If this box is too small to contain the synopsis, please contact the Laboratory. The submitting agency may also include a crime/incident report if it will provide additional information.*

1. Was the evidence collected from the crime scene? Yes No
2. Is the evidence associated with the alleged perpetrator? Yes No
 If yes, explain: _____
3. Was the evidence collected from the suspect's person, home, or property? Yes No
4. Do the item(s) being submitted belong to the property owner? Yes No
(If yes, elimination reference samples may be requested prior to entry into CODIS. Note that elimination samples will not be entered into the DNA database.)
5. Was information provided by the victim/property owner that the items were used or left by the perpetrator? Yes No
6. If swabs of a magazine are being submitted, was the magazine recovered within the firearm? Yes No N/A

For Laboratory use only:

Case Number: _____ Date: _____ Initials: _____

All printed copies are uncontrolled

Approved By:	Gail Conklin	Revision:	5	Ideagen ID:	1665	Effective Date:	5/9/2024
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Questioned item(s) requested for biological testing			
Agency Item #	Description	Origin (V or S)	Collection location
			<input type="checkbox"/> home <input type="checkbox"/> vehicle <input type="checkbox"/> body <input type="checkbox"/> Other _____
			<input type="checkbox"/> home <input type="checkbox"/> vehicle <input type="checkbox"/> body <input type="checkbox"/> Other _____
			<input type="checkbox"/> home <input type="checkbox"/> vehicle <input type="checkbox"/> body <input type="checkbox"/> Other _____
			<input type="checkbox"/> home <input type="checkbox"/> vehicle <input type="checkbox"/> body <input type="checkbox"/> Other _____
			<input type="checkbox"/> home <input type="checkbox"/> vehicle <input type="checkbox"/> body <input type="checkbox"/> Other _____

DNA reference samples requested for comparison*		
Agency Item #	Name of donor	Association to incident
		<input type="checkbox"/> Victim <input type="checkbox"/> Suspect <input type="checkbox"/> Consensual Sex Partner <input type="checkbox"/> Other _____
		<input type="checkbox"/> Victim <input type="checkbox"/> Suspect <input type="checkbox"/> Consensual Sex Partner <input type="checkbox"/> Other _____
		<input type="checkbox"/> Victim <input type="checkbox"/> Suspect <input type="checkbox"/> Consensual Sex Partner <input type="checkbox"/> Other _____
		<input type="checkbox"/> Victim <input type="checkbox"/> Suspect <input type="checkbox"/> Consensual Sex Partner <input type="checkbox"/> Other _____

*Reference samples submitted without questioned items for comparison will not be tested.

For Laboratory use only:

Additional information requested: Date: _____ Analyst: _____

Case Number: _____ Date: _____ Initials: _____

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