



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

Requesting Officer: _____ <small>(TYPE/PRINT - OFFICER'S NAME)</small>	Badge #: _____	Agency/Troop: _____
Requesting Officer's e-mail: _____	Phone No: _____	

Submitting Officer: (Person delivering evidence to the OSBI Laboratory/Facility) Evidence Delivered:  In Person  By Mail  
 Evidence Locker

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

\_\_\_\_\_  
**(OFFICER'S SIGNATURE)\***

\_\_\_\_\_  
(AGENCY/TROOP)

Requesting Agency Case #: \_\_\_\_\_  
Type of Offense: \_\_\_\_\_  
County of Offense: \_\_\_\_\_  
Date of Offense: \_\_\_\_\_  
Court Date, If Known: \_\_\_\_\_

<b>OSBI Laboratory Number</b>
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Has evidence been previously submitted on this case?  Yes  No  
If yes, please provide the OSBI Lab #: \_\_\_\_\_

**SUBJECT/SUSPECT(S):**

NAME (Last, First Middle)	Race	Sex	DOB	SSN	DNA Known 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 cases: if knowns are not submitted, please attach a signed statement describing what steps have been taken to obtain knowns.**

**VICTIM(S):**

NAME (Last, First Middle)	Race	Sex	DOB	DNA Known 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)	Biohazard? Y/N
		<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
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

**\*\*\*For all Biology/DNA/CODIS requests: An officer statement or police report is required.**

<b>*** For all firearm submissions, has the weapon been unloaded?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Has the evidence previously been entered into IBIS/NIBIN?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Officer's initials indicating weapon is unloaded</b>
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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 certifies with his/her signature:**

**I am aware of and consent to the terms outlined in the OSBI CSD Notice to Customers (OSBI CSD QMA 1.1).**

I understand evidence may be subjected to methods which are destructive and may damage the evidence.