VERMONT DEPARTMENT OF PUBLIC SAFETY FORENSIC LABORATORY
REQUEST FOR LABORATORY EXAMINATION

P. O. Box 47, Waterbury, VT 05676-0047

Phone: 802-244-8788

DPS Form 305

(Please Print)

SUB		LAB #		UCR		AGENCY CASE #	
☐	Hand Carried					AGENCY:	
☐	Cert. Mail #					INVESTIGATOR:	
☐	Other					PHONE NUMBER:	
Incident Date:						E-MAIL ADDRESS:	
Incident Description:							

Prosecutor:_____   County:_____   Court Date/Jury Draw:_____

VICTIM				SUSPECT			
Name				Name			
Street Address				Street Address			
City		State		City		State	
☐ Male ☐ Female DOB: (MM/DD/YYYY)				☐ Male ☐ Female DOB: (MM/DD/YYYY)			

EVIDENCE

Evidence #	Evidence Description (ex: quantity, brief description)	Evidence Context (ex: location seized)	Requested Analysis Code (see below)

Requested Analysis Codes:

AFIS: AFIS
LP: Latent Prints
DA: Drug Analysis
FRDB: Fire Debris

SR: Serology
DNA: DNA
TX: Toxicology

FC: Firearms Comparison
FM: Fracture Match
FT: Function Test

DD: Distance Determination
SN: Serial Number Restoration
TM: Toolmark Comparison

CHAIN OF CUSTODY

Items	Received From	Date	Time	Received By

By submission of this form and the evidence listed above, the submitting agency acknowledges that the Vermont Forensic Laboratory retains the right to limit or expand the scope of analysis on all submissions and agrees to the receipt of a simplified report containing the information necessary for interpreting the results. Additional information about test methodologies and sampling plans, and disposition of evidence is maintained in the laboratory case record and available upon request. The Vermont Forensic Laboratory reserves the right to refuse evidence that is improperly packaged, inappropriate for examination and/or may cause an unacceptable hazard to laboratory staff.

Drug Seizure (Drug Monitoring Initiative):			
Suspected Drug Type:	Packaging: ☐ Glassine/Wax ☐ Plastic ☐ Other:		
Stamp Logo/Color:	Bag Color:		
Address of Seizure:			