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:
DELIVERY:	☐ Cert. Mail #		INVESTIGATOR:
	☐ Other		PHONE NUMBER:
			E-MAIL ADDRESS:

Examination Requested:

☐ Arson	☐ Drugs	☐ Serology
☐ Civil Marijuana	☐ Firearms/Toolmarks	☐ Toxicology
☐ DNA	☐ Latent Prints	☐ Other

Case History (Attach memo if necessary):

Incident Date:

Copy of report to prosecutor? ☐ Yes ☐ No Name: County:

VICTIM	**SUSPECT/ACCUSED**
Name	Name
Street Address	Street Address
City State Zip Code	City State Zip Code
Sex: ☐ Male ☐ Female DOB:	Sex: ☐ Male ☐ Female DOB:
SID# FBI #	SID# FBI #

For All Drug Seizures (Drug Monitoring Initiative):

Glassine Bag Color _____ Seizure Location:

Stamp Logo _____ ☐ Residence ☐ Vehicle ☐ Person ☐ Other

Stamp Color _____ Street Address _____

Other Packaging _____ City _____ State ___ Zip Code _____

Photograph of Stamp sent to the VIC? ☐ Yes ☐ No

Additional Information (e.g. rush request (please explain), known court dates, which items are more probative, etc.):

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EVIDENCE

Evidence #	Evidence Description Please include a description of the item submitted	Evidence Context Please include information regarding the seizure location, from whom the item was collected, etc.	Requested Analysis Refer to codes below

Requested Analysis Codes:			
AR: Arson	LP: Latent Prints	FM: Fracture Match	SN: Serial Number Restoration
CMJ: Civil Marijuana	AFIS: AFIS	FT: Function Test	DD: Distance Determination
DNA: DNA	SR: Serology	FC: Firearms Comparison	
DA: Drug Analysis	TX: Toxicology	TM: Toolmark Comparison	

Important – please note the following:

- All evidence shall be properly packaged and sealed prior to submission to prevent contamination and tampering.
- All biologically contaminated evidence must be marked BIOHAZARD.
- Sharps must be packaged in such a manner as to protect personnel during handling.
- If DNA and/or Latent Print examination(s) are requested and there is a suspect, please include a standard.
- All Submitted firearms must be UNLOADED.

By Signing, I hereby certify all listed firearms are unloaded.	Signature:	Date:

Submission of evidence to the VFL implies consent for the VFL to select and use appropriate testing methods and procedures for the analysis of submitted evidence. Should evidence be found incompatible with selected testing methods or if it is deemed necessary to submit evidence to an external laboratory, the submitting agency will be notified.

The VFL reserves the right to refuse evidence that is improperly packaged, inappropriate for examination and/or may cause an unacceptable hazard to laboratory staff.

CHAIN OF CUSTODY

Items		Received from		Date		Time		By	
Items		Received from		Date		Time		By	
Items		Received from		Date		Time		By	
Items		Received from		Date		Time		By	
Items		Received from		Date		Time		By	
Items		Received from		Date		Time		By	
Items		Received from		Date		Time		By	
Items		Received from		Date		Time		By	