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 305A
(Please Print)

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	

 VFL #________________ **Subm #**______
 Agency Case #_________________________________