

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 # | |
|--|--|--|--|--|--|-----------------------------|--|
| <input type="checkbox"/> | Hand Carried | | | | | AGENCY | |
| <input type="checkbox"/> | Cert. Mail # | | | | | INVESTIGATOR | |
| <input type="checkbox"/> | Other | | | | | PHONE NUMBER | |
| <input type="checkbox"/> | Opened to remove submission form only and repackaged | | | | | E-MAIL ADDRESS | |
| Incident Date: | | | | | | | |
| Incident Description: | | | | | | | |
| | | | | | | | |
| Prosecutor: _____ | | | | County: _____ | | Court Date/Jury Draw: _____ | |
| VICTIM | | | | SUSPECT | | | |
| Name | | | | | | Name | |
| Street Address | | | | | | Street Address | |
| City | | State | | City | | State | |
| <input type="checkbox"/> | Male | <input type="checkbox"/> | Female | DOB <small>(MM/DD/YYYY)</small> | | | |
| <input type="checkbox"/> | Male | <input type="checkbox"/> | Female | DOB <small>(MM/DD/YYYY)</small> | | | |
| EVIDENCE | | | | | | | |
| Lab Use Only | Item/Tag # | Evidence Description <small>(ex: quantity, brief description)</small> | Evidence Context <small>(ex: location seized)</small> | Requested Analysis Code <small>(see below)</small> | | | |
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| Requested Analysis Codes: | | SR: Serology DNA: DNA TX: Toxicology | | FC: Firearms Comparison FM: Fracture Match FT: Function Test | | | |
| AFIS: AFIS LP: Latent Prints DA: Drug Analysis | | | | DD: Distance Determination SN: Serial Number Restoration TM: Toolmark Comparison | | | |
| CHAIN OF CUSTODY | | | | | | | |
| Items | Received From | Date | Time | Received By | | | |
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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: | <input type="checkbox"/> Glassine/Wax | <input type="checkbox"/> Plastic | <input type="checkbox"/> Other: |
| Stamp Logo/Color: | Bag Color: | | | |
| Address of Seizure: | | | | |