

CRIME LAB EXAMINATION REQUEST For use of this form, see AR 195-5; the proponent agency is the Provost Marshall General (PMG).		LAB USE ONLY	
TO: <i>(Include Zip Code)</i> FROM: <i>(Include Zip Code)</i> ATTN:		REFERRAL NUMBER	
		RECEIVED	RETURNED
		REGIS MAIL	REGIS MAIL
		RY EXP	RY EXP
		HAND	HAND
		DATE	DATE
		RECEIVED BY	
		EVIDENCE RECEIPT	
RECEIVED	INITIATED		
1. CONTRIBUTOR CASE NUMBER	2. INVESTIGATOR'S NAME	3. AUTOVON AND PHONE NUMBER	
4. SUSPECT(S) <i>(Last, first and middle name(s))</i>			
5. VICTIM(S) <i>(Last, first and middle name(s))</i>			
6. TYPE OF OFFENSE	7. ONE COPY OF EVIDENCE RECEIPT INCLOSED WITH EVIDENCE <input type="checkbox"/> YES <input type="checkbox"/> NO	8. OTHER EVIDENCE PREVIOUSLY SUBMITTED ON THIS CASE <input type="checkbox"/> YES <input type="checkbox"/> NO	
9. IF "YES" IN ITEM 8, LIST OTHER SUSPECT(S), DATE SUBMITTED, UNIT CASE AND LABORATORY REFERRAL NUMBER(S)			
10. EVIDENCE SUBMITTED			
a. EXHIBIT	b. DESCRIPTION OF EXHIBIT		

10. EVIDENCE SUBMITTED *(Continued)*

a. EXHIBIT

b. DESCRIPTION OF EXHIBIT

11. EXAMINATION(S) REQUESTED *(Briefly furnish any information or instructions that might assist the laboratory in examining, evaluating or returning evidence and/or report.)*

Evidence above has not been examined by another expert in the same scientific field.

TYPED/PRINTED NAME OF REQUESTOR

SIGNATURE

DATE