



**COUNTY OF OAKLAND  
OFFICE OF THE SHERIFF  
Michael J. Bouchard**

For Office Use Only

**Forensic Science Laboratory**

1200 North Telegraph Road Bldg. 38 East, Pontiac, Michigan, 48341 (248) 858-5018

Lab# \_\_\_\_\_

**REQUEST FOR TESTING**

<b>Submitted By:</b> _____	<b>Date:</b> _____	<b>Property Locker:</b> _____
<b>Agency:</b> _____	<b>Substation:</b> _____	
<b>Complaint #:</b> _____	<b>Offense:</b> _____	
<b>Report To:</b> _____	<b>Offense Date:</b> _____	
<b>Telephone/Fax #:</b> _____	<b>Email:</b> _____	

**Individuals:** If known reference standards are not received with the submission it may delay analysis or evidence may be returned until the known reference standards are obtained.

Name (Last, First) & Type	Gender / Date of Birth	Known Collected	SID/FBI #
Name: Suspect      Victim      Elimination	Gender: DOB:		
Name: Suspect      Victim      Elimination	Gender: DOB:		
Name: Suspect      Victim      Elimination	Gender: DOB:		
Name: Suspect      Victim      Elimination	Gender: DOB:		
Name: Suspect      Victim      Elimination	Gender: DOB:		

**Synopsis/Special Instructions:**

For BIOLOGY/DNA cases, the laboratory must evaluate and document all evidence for potential CODIS upload. A synopsis or investigative report is required to aid in this process. For all other cases, any pertinent information or special instructions would be appreciated.

