

TENNESSEE BUREAU OF INVESTIGATION
Forensic Services Request for Examination

Nashville
 901 RS Gass Blvd.
 Nashville, TN 37216-2639
 615-744-4000

Knoxville
 1791 Neals Commerce Ln
 Knoxville, TN 37914
 865-549-7800

Jackson
 350 Smith Ln
 Jackson, TN 38301
 731-426-8717

COMPLETE ALL SECTIONS OF FORM EXCEPT SHADED AREAS

FROM: _____
 Requesting Officer (case assigned)

 Requesting Agency

 Address

 City ZIP

Phone: (____) _____

Officer Email: _____
Agency Case No: _____
County of Offense: _____
Type of Offense: _____
Date of Offense: _____

Subject	Sex	Race	Date of Birth	Victim	Sex	Race	Date of Birth

Statement of Facts (additional space on back if needed):

LAB ONLY	Item Number	Description of Evidence	Where Recovered

Examination Requested (additional space on back if needed):

Has other evidence been submitted on this case?

YES NO , Lab No. _____

I certify this evidence is associated with a criminal or death investigation:

Signature: _____

Submitted by: _____

FOR LABORATORY USE ONLY

<input type="checkbox"/> ALC	
<input type="checkbox"/> DI	
<input type="checkbox"/> FAID	
<input type="checkbox"/> LP	
<input type="checkbox"/> SERO	
<input type="checkbox"/> TOX	
MICRO	

- Package opened to retrieve request form
- Request form on outer packaging
- Contents NOT verified at time of receipt _____
Initials/Date
- Gun Check OK _____
Initials/Date
- Explosives Check _____
Initials/Date

Received by: _____

Received from: _____

Date Received: _____

LAB #
