

**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

Memphis
6325 Haley Rd.
Memphis, TN 38134
901-379-3400

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: _____

LAB ONLY	Item Number	Description of Evidence	Where Recovered

Examination Requested: _____

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	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

- 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 #

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