

**TENNESSEE BUREAU OF INVESTIGATION
Forensic Services — Crime Laboratory**

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

Knoxville
State Office Bldg.
617 W. Cumberland Ave.
Knoxville, TN 37902
865-594-6209

Memphis
6325 Haley Road
Memphis, TN 38134
901-379-3400

**REQUEST FOR EXAMINATION
COMPLETE ALL SECTIONS OF FORM EXCEPT SHADED AREAS**

FROM: _____ ORI No.: _____
Requesting Officer (case assigned)
 _____ Agency Case No.: _____
Requesting Agency
 _____ County of Offense: _____
Address
 _____ Type of Offense: _____
City Zip
 _____ Date of Offense: _____
Phone No.

SUBJECT	Sex	Race	Date of Birth	VICTIM	Sex	Race	Date of Birth

Statement of Facts:
(May be continued on back) _____

LAB ONLY	Item Number	Description of Evidence (May be continued on back)	Where Recovered

Examination Requested: _____

Has other evidence been submitted to the Laboratory on this case?
 Yes No , Laboratory No. _____
(check one)

I certify this evidence is associated with a criminal or death investigation.
 Signature: _____
 Submitted by: _____
(Type or Print)

FOR LABORATORY USE ONLY

ALC	
DI	
FAID	
LP	
MICRO	
SERO	
TOX	

- Package opened to retrieve request form
- Request form on outer packaging
- Contents Not Verified At Time of Receipt
- Gun Check O.K. _____
Initials Date

Received By: _____
 Received From: _____
 Date Received: _____
 Disposition: _____
 Lab No.

