

GREELEY/WELD COUNTY FORENSIC LABORATORY

REQUEST FOR LABORATORY EXAMINATION

AGENCY CASE # _____

LAB CASE #: _____

EXAMINATION REQUESTED BY:

DA's CASE #: _____

NAME	RANK/POSITION	BADGE #	SIGNATURE	DATE

AGENCY	STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER
CO					

SUSP INFO	LAST, FIRST, MI / DOB	VICT INFO	LAST, FIRST, MI / DOB
	/		/
	/		/

ITEM #	ITEM DESCRIPTION	EXAM REQ	SPECIAL INSTRUCTIONS

**AFFIX BAR CODE HERE
(FOR LAB USE ONLY)**

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**AFFIX BAR CODE HERE
(FOR LAB USE ONLY)**

SUBMITTED BY: (LAST NAME, FIRST)	SIGNATURE	DATE	TIME
SUBMITTAL METHOD: IN PERSON <input type="checkbox"/>	OTHER (GIVE SHIPPING #): <input type="checkbox"/>		
RECEIVED BY: (LAST NAME, FIRST)	SIGNATURE	DATE	TIME
RELEASED TO: (LAST NAME, FIRST)	SIGNATURE	DATE	TIME
RELEASE METHOD: IN PERSON <input type="checkbox"/>	OTHER (GIVE SHIPPING #): <input type="checkbox"/>		
RELEASED BY: (LAST NAME, FIRST)	SIGNATURE	DATE	TIME

PG ____ of ____

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