

# Massachusetts State Police Crime Laboratory

Phone: 978-451-3440

MSPCLCMU@mass.gov

### Case Contact Information:

	Name	Phone	Email address
Investigator:			
DA's Office:			

## Case Information:

Agency Case Number:		Offense Date:	
Crime Lab Case Number:		Case Type:	

## Case Criterion:

<input type="checkbox"/> Imminent Threat to Public Safety	<input type="checkbox"/> Impending Discovery Deadline: (Date)
	<input type="checkbox"/> Impending Trial Date: (Date)

Desired due date for final report: (Date)

**Detailed Case Background:** Include specific details to support expedited request.

### Evidence to be Considered for Expedited Analysis:

<b>Analysis Category (check all that apply):</b> <input type="checkbox"/> Ballistics* <input type="checkbox"/> Fingerprints <input type="checkbox"/> Forensic Biology <input type="checkbox"/> Drug Analysis		
<b>Evidence Submission:</b> <input type="checkbox"/> All Evidence has been submitted <input type="checkbox"/> Expected Submission Date: (Date)		
Item Description (include Item Number, if known):	Recovery Location:	Requested Analysis:

*\*When requesting Ballistics analysis, note if fingerprint testing and DNA collection are also needed*

## DNA/CODIS – Known DNA Standards:

	Standards have been submitted	Standards will be submitted	N/A	Unknown Suspect – CODIS search	DNA Report required for known standard collection
Victim(s):	<input type="checkbox"/>	<input type="checkbox"/> (Date)	<input type="checkbox"/>		
Suspect(s):	<input type="checkbox"/>	<input type="checkbox"/> (Date)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other(s):	<input type="checkbox"/>	<input type="checkbox"/> (Date)	<input type="checkbox"/>		

**REQUESTOR SIGNATURE:**

Name (print)

**SUBMIT TO the Case Management Unit at MSPCLCMU@mass.gov**