

**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:

continued on back

LAB ONLY	Item Number	Description of Evidence	Where Recovered

Examination

Requested: _____

Has other evidence been submitted on this case?

YES NO Lab No. _____

By signing this form, I consent to the Terms and Conditions associated with submitting evidence to the TBI Laboratory System. Furthermore, I certify this evidence is associated with a criminal or death investigation.

Signature: _____ Print Name: _____

Submitted by (if different): _____

FOR LABORATORY USE ONLY

<input type="checkbox"/> ALC	
<input type="checkbox"/> FC	
<input type="checkbox"/> FTIU	
<input type="checkbox"/> LP	
<input type="checkbox"/> FB	
<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
- Safety sealed _____
Date/Time

Received by: _____

Received from: _____

Date Received: _____

LAB #

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