

MONROE COUNTY CRIME LABORATORY
85 W. Broad Street, Rochester, NY 14614
(585)-753-3535 (phone)
(585)-753-3494(fax)

LABORATORY PRIORITY REQUEST FORM

Every effort will be made to meet the priority requested date. Due to the nature of forensic evidence and the availability of an analyst, the requested priority date cannot be guaranteed.

Laboratory Case Number: _____

Police Agency: _____ CR Number: _____

Suspect's Name: _____

Victim's Name: _____

-----**Type(s) of analysis requested (circle all that apply)**-----

Biology (Screening) Biology (DNA) Digital Evidence Drugs

To

Firearms

Toolmarks

Fire Debris

Trace: Hair Fiber Impressions Glass Paint Explosives

General physical and chemical other _____

----- **Reason for priority request (circle one, then specify date of event)** -----

Trial Trial date: _____

Grand Jury or Preliminary Hearing GJ or PH date: _____

Investigation

Requestor's name & agency: _____

Requestor's phone number: _____

Submitting agency has been instructed to send item(s) to lab? Yes No

Who was contacted from agency? _____

===== **FOR LABORATORY USE** =====

Date priority received: _____ *By:* _____

Assigned to: _____ *By:* _____ *Date:* _____

Lab comments:

Approved By	John R. Clark 03-26-14	Revision	2014-03/26	Document ID	PSL-221	Issued on	01-25-14
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