



KENTUCKY STATE POLICE

Evidence Examination Request

LAB LABEL

Investigator: _____	Case Number: _____
Agency: _____	ORI: _____
Address: _____	Citation/Court # _____
Office Ph.: _____	Offense: _____
Email: _____	Offense Date: _____
	County: _____

ASSOCIATED INDIVIDUALS	Standards / Knowns Submitted							
Name (Last, First, MI), Race, Gender & D.O.B.	Victim	Subject	Other*	N/A	DNA	Hair	Prints	None^
*Clarify Other (witness, consensual partner etc.)								
^If no standards / knowns submitted, please explain:								
NOTE: WITHOUT REQUIRED STANDARDS / KNOWN, COMPARISONS CANNOT BE COMPLETED (SEE CASE ACCEPTANCE POLICY)								

CASE HISTORY:

EXAMINATIONS (indicate in check boxes under Material Submitted all requests for each item)

BA/TOX - Use form inside provided blood kit CS - Controlled Substance Identification DE - Digital Evidence / E-Crimes
 FB - Forensic Biology (Serology / DNA) F/T - Firearm / Toolmark LP - Latent Prints / AFIS
 TR - Trace Evidence (GSR, Arson, Paint, Hair, Fiber, Tape, Physical Match, Glass, Unknown Substance ID)

OTHER REQUESTS:

LAB Item # <small>(lab use only)</small>	Agency Item #	MATERIAL SUBMITTED <small>(include name or location associated with items / samples)</small>	EXAMINATIONS REQUESTED					
			CS	DE	FB	F/T	LP	TR

Lab Use Only

KSP-26 (2/2022)

Received From (Name / Unit #):	Received By:	Date:	Time:
Signature: _____	Signature: _____		
Print: _____	Print: _____		

