



Service Request Form

This form is designed to assist the laboratory in streamlining the review of case requests by ensuring that all necessary information has been provided. The form should be filled out as completely as possible. (Please print legibly). Submit this form along with a FULL list of exhibits, this can be added to the case remarks section. Incorrect or incomplete information on the form may delay the case acceptance.

Requesting Agency Name:

Requesting Agency Address:

Agency Case No.(s):

Offence Names:

Date of Offence:
(DD/MMM/YYYY)

Location of Offense:

Investigating Officer Information

Investigating Officer Supervisor Information

Rank/Title:

Badge No.:

Surname:

First Name:

Email Address:

Work Phone:

Mobile Phone:

Rank/Title:

Badge No.:

Surname:

First Name:

Email Address:

Work Phone:

Mobile Phone:

Case Individuals

Last Name	Middle Initials	First Name	Sex	Date of Birth (DD/MMM/YYYY)	Case Involvement

ANALYSIS REQUEST/s: (Select as many that apply)

Biochemistry/Clinical Serology Analysis
Document Analysis
Seized Drugs
Y-STR DNA Analysis
DNA

Bone DNA Analysis
Firearm Analysis
Serial Number Restoration
Serology (Body Fluid Identification)
Video Analysis

Consultant Forensic Pathology Service
Gunshot Residue Analysis
Toxicology
Trace Evidence Analysis
Other

The client agrees that the SLFSL is authorized to make deviations to its technical methodologies without further consultation. Any deviations will form part of the case record.



CASE SYNOPSIS/REMARKS: Insert a brief synopsis of events, clarification, court/adjournment dates, individual weights (for drug cases) and any other pertinent information. If evidence is listed in this section, include the packaging and evidence description.