

# RCPD Fingerprint / Trace Evidence Work Submission Form

Laboratory# (lab use only) \_\_\_\_\_

## Requestor and Billing Information

Date of Request \_\_\_\_\_

Requestor \_\_\_\_\_ Agency \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

What Agency should be billed? (Agencies may be billed based upon the amount of work requested) \_\_\_\_\_

Agency Case Number\*

RCPD Case Number

*Leave blank if not known*

\*All items for testing from outside agencies must be submitted into the RCPD's case management system prior to testing.

Name of Investigator (this is who the report will be sent to)	
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What is the offense?	
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For fingerprint request, please list any suspects, including DOB	
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**Items to be tested** - include RCPD item number, brief description, and any special testing instructions (i.e. please swab item for DNA and look for finger prints)

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**Additional Comments / Instructions - Attach additional pages if necessary:**

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Questions? Please call the RCPD Evidence / Forensic Laboratory at (605) 394-6033