

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

Laboratory Request for Testing: Screening and DNA	
Forensic Biology	

6. Did the victim/property owner state the item(s) recovered at the crime scene do not belong to them or were not present prior to the incident occurring? (For example, a cigarette butt found in a home where no one smokes or a hat the homeowner denies owning.) Yes No

If yes, explain: _____

Questioned item(s) requested for biological testing			
Agency Item #	Description	Origin (V or S)	Collection location
			<input type="checkbox"/> home <input type="checkbox"/> vehicle <input type="checkbox"/> body <input type="checkbox"/> Other _____
			<input type="checkbox"/> home <input type="checkbox"/> vehicle <input type="checkbox"/> body <input type="checkbox"/> Other _____
			<input type="checkbox"/> home <input type="checkbox"/> vehicle <input type="checkbox"/> body <input type="checkbox"/> Other _____
			<input type="checkbox"/> home <input type="checkbox"/> vehicle <input type="checkbox"/> body <input type="checkbox"/> Other _____
			<input type="checkbox"/> home <input type="checkbox"/> vehicle <input type="checkbox"/> body <input type="checkbox"/> Other _____

DNA reference samples requested for comparison*		
Agency Item #	Name of donor	Association to incident
		<input type="checkbox"/> Victim <input type="checkbox"/> Suspect <input type="checkbox"/> Consensual Sex Partner <input type="checkbox"/> Other _____
		<input type="checkbox"/> Victim <input type="checkbox"/> Suspect <input type="checkbox"/> Consensual Sex Partner <input type="checkbox"/> Other _____
		<input type="checkbox"/> Victim <input type="checkbox"/> Suspect <input type="checkbox"/> Consensual Sex Partner <input type="checkbox"/> Other _____
		<input type="checkbox"/> Victim <input type="checkbox"/> Suspect <input type="checkbox"/> Consensual Sex Partner <input type="checkbox"/> Other _____

*Reference samples submitted without questioned items for comparison will not be tested.

For Laboratory use only:

Additional information requested: Date: _____ Analyst: _____

Case Number: _____ Date: _____ Initials: _____

All printed copies are uncontrolled

Approved By:	Gail Conklin	Revision:	4	Qualtrax ID:	1665	Effective Date:	05/18/2021
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