

# Lab Request Form

## *Contributor Instructions*

Indiana State Police Laboratory

Summer 2020



# Summer 2020 Update

- General Updates
  - Text prompts to enter Individuals as 'First Name Last Name'
  - Font change to case numbers to distinguish zeros from the letter o
- DNA Section
  - Changes to Individual Information
    - Removed 'Elimination Standard'
    - Added 'Victim/Other'
  - Indiana Victim Sexual Assault Kit Tracking system information added
    - Location for SAK PIN on the form

# Lab Request



## INDIANA STATE POLICE REQUEST FOR LABORATORY EXAMINATION

State Form 38930 (R4/2-16) v2020

Page 1 of 1

This form will expire 07/01/2021. For an updated version, go to [www.in.gov/isp/labs](http://www.in.gov/isp/labs)

Lab Case # \_\_\_\_\_  
Agency Case # \_\_\_\_\_

New Case  Additional Case  Lab Use Only  
Received Date: \_\_\_\_\_ Assigned to: \_\_\_\_\_ Lab Case # \_\_\_\_\_

Lab Notes \_\_\_\_\_

Investigating Officer(s) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ County of Occurrence \_\_\_\_\_  
Type of Investigation \_\_\_\_\_ Contributing Agency  Indiana State Police  Other  
Agency \_\_\_\_\_ Agency Case # \_\_\_\_\_  
Court Date \_\_\_\_\_ Related Case # \_\_\_\_\_

### Individuals Associated with Case

Individual 1

The submitting agency agrees to all terms noted in the Indiana State Police Laboratory Division's [Information for Customers](#) document. To affirm acceptance of an agreement with this statement and terms, click accept to proceed.

Accept  Decline

	Lab Use Only	Agency Item No.	Description of Item(s) Submitted	Drug	DNA	Latent Prints	Firearms	Microanalysis	Documents
+ -			Sealed	<input type="checkbox"/>					

Depending on the requests you have chosen above, further information is required below.

# Lab Request Details



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Lab Case # \_\_\_\_\_  
Agency Case # \_\_\_\_\_

New Case  Additional Case  Lab Use Only  
Received Date: \_\_\_\_\_ Assigned to: \_\_\_\_\_ Lab Case # \_\_\_\_\_

Lab Notes \_\_\_\_\_

Investigating Officer(s) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ County of Occurrence \_\_\_\_\_

Type of Investigation \_\_\_\_\_ Contributing Agency  Indiana State Police  Other

Agency \_\_\_\_\_ Agency Case # \_\_\_\_\_  
Nature of the incident or crime under investigation. Choose from the drop-down or type in a more specific investigation

Court Date \_\_\_\_\_ Related Case # \_\_\_\_\_

### Individuals Associated with Case

Individual 1  Individual 2

The submitting agency agrees to all terms noted in the Indiana State Police Laboratory Division's [Information for Customers](#) document. To affirm acceptance of an agreement with this statement and terms, click accept to proceed.

Accept  Decline

Lab Use Only	Agency Item No.	Description of Item(s) Submitted	DNA	DNA	Latent Prints	Firearms	Microanalysis	Documents
<input type="checkbox"/>		Sealed	<input type="checkbox"/>					

Depending on the requests you have chosen above, further information is required below.

- Grayed areas – lab use only
- Rollover fields for further clarification
- Spell check available
- Space for up to ten individuals – each appears separately
- Accept the lab's policies
- Select exam(s) per item

# Lab Request Details



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Lab Case #

Agency Case #

New Case  
  Additional Case  
 Lab Use Only  
 Received Date:   
 Assigned to:   
 Lab Case #

Lab Notes

Investigating Officer(s)   
 E-mail Address   
 Telephone Number   
 County of Occurrence   
 Type of Investigation   
 Contributing Agency  Indiana State Police  
 Other  
 Agency   
 Agency Case #   
 Court Date   
 Related Case #

### Individuals Associated with Case

Individual 1

*First Name Last Name (check spelling)  
Name of the person or business involved in the case (suspects and victims). Type one individual per box.*

The submitting agency agrees to all terms noted in the Indiana State Police Laboratory Division's [Information for Customers](#) document. To affirm acceptance of an agreement with this statement and terms, click accept to proceed.

Accept    Decline

	Lab Use Only	Agency Item No.	Description of Item(s) Submitted	Drug	DNA	Latent Prints	Firearms	Microanalysis	Documents
+   -			Sealed	<input type="checkbox"/>					

Depending on the requests you have chosen above, further information is required below.

- Expiration Date
  - Form will expire annually
  - Once expired you will not be able to make changes
- New forms will be available on the laboratory website

# Lab Request Details

- When an exam is selected, the associated Print button will appear at the top of the page
- Forms must be Emailed to the laboratory
  - If sending multiple forms, you may save the form and email them at the same time
  - For single forms, simply select the 'Email Form' button
- Multiple exams on an item will highlight the item in yellow



**INDIANA STATE POLICE  
REQUEST FOR LABORATORY EXAMINATION**  
State Form 38830 (R4/2-16) v2020  
Page 1 of 2  
This form will expire 07/01/2021. For an updated version, go to [www.in.gov/isp/labs](http://www.in.gov/isp/labs)

Lab Case #  
  
 Agency Case #

Email Form
Print Drug Request
Print DNA Request

New Case    Additional Case   Lab Use Only  
 Received Date:   
 Assigned to:   
 Lab Case #

Lab Notes

Investigating Officer(s)    E-mail Address   
 Telephone Number    County of Occurrence   
 Type of Investigation    Contributing Agency  Indiana State Police    Other  
 Agency    Agency Case #   
 Court Date    Related Case #

**Individuals Associated with Case**

Individual 1 

First Name Last Name (check spelling)  
 Name of the person or business involved in the case (suspects and victims). Type one individual per box.

The submitting agency agrees to all terms noted in the Indiana State Police Laboratory Division's [Information for Customers](#) document. To affirm acceptance of an agreement with this statement and terms, click accept to proceed.  
 Accept    Decline

	Lab Use Only	Lab Item No.	Agency Item No.	Description of Item(s) Submitted	Drug	DNA	Latent Prints	Firearms	Microanalysis	Documents
+ -				Sealed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Depending on the requests you have chosen above, further information is required below.

# Required Fields

- Investigating Officer
- E-mail address
- Telephone #
- County of Occurrence
- Type of Investigation
- Agency
- Agency Case #



## INDIANA STATE POLICE REQUEST FOR LABORATORY EXAMINATION

State Form 38930 (R4/2-18) v2020

Page 1 of 1

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Lab Case #  
Agency Case #

New Case  Additional Case  Lab Use Only Received Date:  Assigned to:  Lab Case #

Lab Notes

Investigating Officer(s)  E-mail Address   
 Telephone Number  County of Occurrence   
 Type of Investigation  Contributing Agency  Indiana State Police  Other  
 Agency  Agency Case #   
 Court Date  Related Case #

### Individuals Associated with Case

Individual 1

*First Name Last Name (check spelling)  
Name of the person or business involved in the case (suspects and victims). Type one individual per box.*

The submitting agency agrees to all terms noted in the Indiana State Police Laboratory Division's [Information for Customers](#) document. To affirm acceptance of an agreement with this statement and terms, click accept to proceed.

Accept  Decline

Lab Use Only	Agency Item No.	Description of Item(s) Submitted	Drug	DNA	Latent Prints	Firearms	Microanalysis	Documents
+ -		Sealed	<input type="checkbox"/>					

Depending on the requests you have chosen above, further information is required below.

# Drug Exams

Additional Information for Drug Examination		LIMS Request # _____
Date of Seizure	<input type="text"/>	<input type="checkbox"/> Federal Charges <input type="checkbox"/> State Charges Probable Cause Item ( <i>one per case</i> )
<input type="checkbox"/> Dealing	<input type="checkbox"/> Possession	<input type="checkbox"/> Manufacturing
Additional Information <input type="text"/>		
Is this suspected Heroin? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Individual 1	<input type="text" value="John Doe"/>	Items Associated with this Individual <input type="text"/>

- Required Fields:
  - Date of Seizure
  - Type of Charge (Dealing/Poss/Manuf)
- Individuals listed at the top of the form will appear in this section
  - Indicate which items are associated with each individual

# Drug Exams – Heroin

Additional Information for Drug Examination		LIMS Request # _____
Date of Seizure	<input type="text"/>	<input type="checkbox"/> Federal Charges <input type="checkbox"/> State Charges Probable Cause Item ( <i>one per case</i> ) <input type="text"/>
<input type="checkbox"/> Dealing <input type="checkbox"/> Possession <input type="checkbox"/> Manufacturing	Additional Information <input type="text"/>	
Is this suspected Heroin?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is this an aggregate charge over 90 day period pursuant to IC 35-48-4-1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>***You Must Contact the Laboratory Prior to Submission***</b>		
Individual 1	<input type="text" value="John Doe"/>	Items Associated with this Individual <input type="text"/>

- Additional questions for suspected heroin in dealing or possession cases
- Submissions for aggregate charges require contact with the laboratory

# Drug Exams – Multiple Seizure Dates

Additional Information for Drug Examination		LIMS Request # _____
Date of Seizure	<input type="text"/>	<input type="checkbox"/> Federal Charges <input type="checkbox"/> State Charges Probable Cause Item ( <i>one per case</i> ) <input type="text"/>
<input type="checkbox"/> Dealing <input type="checkbox"/> Possession <input type="checkbox"/> Manufacturing	Additional Information <input type="text"/>	
Were the drug items seized on different days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List the individual seizure dates by item. <input type="text" value="Item 1 - 8/1/2020, Item 2 - 8/15/2020"/>		
Is this suspected Heroin? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Individual 1	<input type="text" value="John Doe"/>	Items Associated with this Individual <input type="text"/>

- Additional questions when multiple items are submitted for drug analysis
- When items are seized on different days, provide the specific seizure date for each item

# Drug Exams – Multiple Items

Lab Use Only		Agency Item No.	Description of Item(s) Submitted	Drug	DNA	Latent Prints	Firearms	Microanalysis	Documents
Lab Item No.									
+	-		Sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
+	-		Sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
+	-		Sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
+	-		Sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
+	-		Sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
+	-		Sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Depending on the requests you have chosen above, further information is required below.

**More than 5 items have been selected for Drug Analysis.  
Please contact the laboratory for approval before submitting the request.**

- When more than five items have been selected for Drug Analysis, a warning box appears
- Contributors must receive pre-approval from the laboratory before submitting more than 5 drug items

# Latent Print Exams

- Required Fields:
  - Authorizing Individual if giving permission to defer
- Individuals listed at the top of the form will appear in this section
  - Provide as much information about each as possible
- Preserving items – provide specifics when selected

Additional Information for Latent Print Examination		LIMS Request # _____	
<b>Individual Information</b>			
Indiana State Identification (SID) numbers are needed to reliably search and locate ten print or palm print cards on file with Indiana State Police Records Division for comparison to any latent prints. SID# can be obtained through a criminal history search.			
Individual 1	<input type="text" value="John Doe"/>	Date of Birth <input type="text"/>	Indiana SID # <input type="text"/>
Additional Identifiers (SSN, FBI#, etc.) <input type="text"/>			
Are there any items or portions of items that do not need to be processed for latent prints (eg. packing material, contents of a safe)?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Were any items processed for latent prints prior to submission to the laboratory?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Certain latent print development processes may be damaging to items. Are there any items you wish to preserve, understanding the potential to develop latent prints will be reduced?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Permission to Defer</b>			
In order to improve case efficiency, the latent print unit will work to identify each person of interest one time. All other comparisons will be deferred until a time at which they are necessary (additional person of interest, court proceeding, etc.). All sufficient latent prints will be preserved for future comparison and evidence may be re-submitted at any time. In cases without known suspects, latent prints will be entered into AFIS until a person of interest is obtained.			
May we have your permission to defer comparisons after identifying each person of interest?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Authorizing Individual <input type="text"/>			
Individuals to be identified before deferring	<input type="text"/>		
Specific items to be identified before deferring	<input type="text"/>		
Is there any additional case information required for a latent print examination?	<input type="text"/>		

# Firearm/Toolmark Exams

Additional Information for Firearms Examination		LIMS Request # _____
Date of Occurrence/Seizure	<input type="text"/>	<input type="checkbox"/> Characterization <input type="checkbox"/> Comparison <input type="checkbox"/> Function Test <input type="checkbox"/> NIBIN/IBIS <input type="checkbox"/> Serial Number <input type="checkbox"/> Toolmark <input type="checkbox"/> GSR Distance <input type="checkbox"/> IBIS Hit Confirmation
Specific Exam Request	<input type="text"/>	
Lab Use Only: Items for IBIS Entry	<input type="text"/>	

- Required Fields
  - Date of Occurrence/Seizure
- Select appropriate checkboxes
  - Only need to type in the 'Specific Exam Request' if there is something unique or specific to a particular item
  - Only select "IBIS Hit Confirmation" if you have received a High Probability IBIS Hit Notification. Choose NIBIN/IBIS for entry into the IBIS database.

# Microanalysis (Trace) Exams

Additional Information for Microanalysis Examination					LIMS Request # _____		
Item No	<input type="text"/>	Specific Exam	<input type="text"/>	<input type="radio"/> Standard (Known)	<input type="radio"/> Questioned (Unknown)	<input type="button" value="Next Trace Item"/>	<input type="button" value="Remove Item"/>

- No additional required fields
- One item per line
- Fire Debris – additional boxes appear

Fire Debris Information:      Date of Incident       Date of Collection

# Questioned Document Exams

Additional Information for Questioned Document Examination		LIMS Request # _____
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Type of Documents Submitted    Standard (Known)    Questioned (Unknown)

- No additional required fields
- Different questions based on selection of 'Standard' or 'Questioned'

# Questioned Document Exams - Standards

Additional Information for Questioned Document Examination		LIMS Request # _____
Type of Documents Submitted	<input checked="" type="checkbox"/> Standard (Known)	<input type="checkbox"/> Questioned (Unknown)
Known Items		
Item No	<input type="text"/>	<input type="radio"/> Request <input type="radio"/> Non-Request <input type="radio"/> Both
		<input type="button" value="Add Known Item"/> <input type="button" value="Remove Known Item"/>
Individual 1	<input type="text" value="John Doe"/>	<input checked="" type="checkbox"/> Permission to Obtain BMV Signatures as Additional Known Writing
Last Known Address	<input type="text"/>	
DOB	<input type="text"/>	OLN/SSN <input type="text"/>
Name of Authorizing Individual	<input type="text"/>	

- List one item per line
- Individuals listed at the top of the form will appear in this section
  - When 'Permission to Obtain BMV Signatures...' is selected, additional information about that individual is requested

# Questioned Document Exams – Questioned Items

Additional Information for Questioned Document Examination		LIMS Request # _____
Type of Documents Submitted	<input type="checkbox"/> Standard (Known)	<input checked="" type="checkbox"/> Questioned (Unknown)
Questioned Items		
<b>Permission to Alter:</b> Selecting this check box gives the Indiana State Police Laboratory permission to alter the document if needed for examination purposes (i.e. cut open envelopes, disassemble notebooks, etc).		
<b>Permission to Disseminate:</b> Selecting this check box gives the Indiana State Police Laboratory permission to disseminate information and images to the Indianapolis-Marion County Forensic Services Agency and the Federal Bureau of Investigations to search for similar robbery notes in their robbery note database (applies to robbery notes only).		
Name of Authorizing Individual	<input type="text"/>	
Item No	<input type="checkbox"/> Handwriting	<input type="checkbox"/> Indented Impressions
	<input type="checkbox"/> Print Process	<input checked="" type="checkbox"/> Robbery Note
	<input type="checkbox"/> Physical Match of Paper	<input type="checkbox"/> Ink/Writing Instrument
	<input type="checkbox"/> All Possible Exams	<input type="checkbox"/> Other <input type="text"/>
Describe any portion(s) of the item that will or will not require examination:	<input type="text"/>	
Name and Address of Establishment (victim)	<input type="text"/>	
Date of Robbery	<input type="text"/>	FBI Incident No. (if applicable) <input type="text"/>
<input type="checkbox"/> Permission to Alter	<input type="checkbox"/> Permission to Disseminate	<input type="button" value="Add Questioned Item"/> <input type="button" value="Remove Questioned Item"/>

- List one item per line
- Robbery Note – box appears to give permission to disseminate and more information

# DNA Exams

- Required Fields

- Name of individual authorizing permission to consume (if applicable)
- Type of Investigation

Additional Information for DNA Examination			LIMS Request # _____		
Investigator cell phone (if applicable)	<input type="text"/>	Assigned Prosecutor	<input type="text"/>	Date of Offense	<input type="text"/>
<b>Important!</b> <b>Permission to Consume</b> In order to improve the possibility of generating a complete DNA profile, the entire sample may need to be consumed. May the DNA Analyst, at their discretion, consume (in their entirety) samples submitted in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name of Authorizing Individual <input type="text"/>					
<b>Type of Investigation:</b> <input type="checkbox"/> Death Investigation/Homicide <input type="checkbox"/> Assault/Battery <input type="checkbox"/> Burglary/Theft <input type="checkbox"/> Robbery <input type="checkbox"/> Drugs <input type="checkbox"/> Relationship Testing <input type="checkbox"/> Unidentified Human Remains <input checked="" type="checkbox"/> Sexual Crimes <input type="checkbox"/> Other <input type="text"/>					
<b>Tier One Submission Protocol:</b> Maximum number of items without prior consultation Number does not include appropriate DNA standards:					
Sexual Assault - Sexual Assault Kit plus appropriate DNA Standards <b>Or</b> 3 items plus appropriate DNA Standards <i>Sexual Assault Kits in which a victim has not reported the crime to police (i.e. "Jane Doe" or "Anonymous" kits) shall not be submitted to the laboratory.</i>					
Indiana Victim Sexual Assault Kits collected on or after April 1, 2020 MUST be entered in the <a href="#">Indiana Statewide Sexual Assault Kit Tracking System</a> and have an associated PIN. Provide the PIN if applicable. <input type="text"/>					

- Each investigation type prompts additional questions
- Tier policy indicated once the type of investigation is chosen
- Individuals listed at the top of the form will appear in this section
  - Once the type of individual is selected (suspect, victim), additional information may be required

# DNA Exams

- All DNA exams have this box at the bottom of the section
- Make sure to complete the Case Summary for ALL DNA requests

- If no standards are submitted for comparison, the evidence must be CODIS eligible for submission.

- The presence of a suspect's convicted offender sample in CODIS cannot be used for direct comparison as a suspect standard.

- Case summary details will help laboratory personnel determine CODIS eligibility.

- If the victim or other individuals have had contact with the item to be tested, elimination standards are necessary for processing.

- Items taken directly from suspects are usually not eligible for CODIS entry. Please submit a suspect standard for direct comparison in possession crimes.

**- If no CODIS search can be performed and no standards are available, analysis would not result in any information of value and the evidence shall not be submitted.**

An overall summary of the known case facts should be provided in all cases.  
Examination protocols used may be based on the information given. See PEB 17 for more details.  
The following are examples of information that may be needed in the summary if the evidence being submitted is NOT a sexual assault kit:

- How is each item of evidence being submitted connected to the crime?
- How was the item identified as evidence (canine tracked, witness description, suspect pursued, etc)?
- Do the items belong to the victim(s) or could someone have touched the items (obtain elimination standards if necessary)?
- Where were the items found (a specific location, inside home/building, at point of entry, not near public areas, etc.)

Case Summary:

# Evidence Submission Protocol

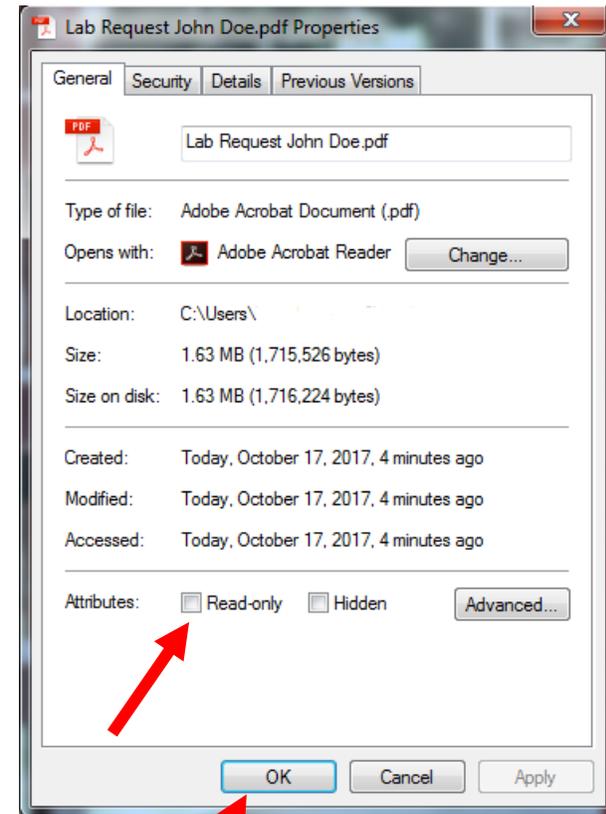
- All Lab Requests must be Emailed to the appropriate Laboratory
  - If sending multiple forms, you may save the form and email them at the same time
    - Most email systems limit this to four or five attachments. Confirm with the lab to make sure all of your lab requests were received prior to your appointment.
  - For single forms, simply select the 'Email Form' button
- Evidence Clerks will check the completeness of the request(s) and correspond via email and/or phone to make changes
  - All changes will be made electronically

# Evidence Submission Protocol

- Once verified, the Evidence Clerk will add the appropriate laboratory case information to the form electronically
  - Lab case number, Lab item number, etc
- When bringing evidence to the counter, the Evidence Clerk will have the printed lab request(s)
  - The physical request will be used to verify the evidence received

# Submissions Made Easier

- Fresh copies are always better
  - Reusing a copy that has several different types of requests at different times can cause problems or glitches
- Save basic information on a personalized form
  - Input standard information (name, email, phone number, county, agency)
  - Click 'File', 'Save As' and save the file with a unique name
    - (ie Lab Request for John Doe)
  - Close the file
  - Open the folder where the file was saved
  - Right click the file
  - Click Properties
  - On the 'General Tab', click the box that says 'Read-only'
  - Click 'Ok'
  - The file can now be used for any request and will prompt a unique file name when saving (can use case numbers in the name)



# Contact Information

- Form Case Submission Emails
  - Indianapolis Lab: [IRLEvidence@isp.in.gov](mailto:IRLEvidence@isp.in.gov)
  - Evansville Lab: [ERLEvidence@isp.in.gov](mailto:ERLEvidence@isp.in.gov)
  - Fort Wayne Lab: [FWRLEvidence@isp.in.gov](mailto:FWRLEvidence@isp.in.gov)
  - Lowell Lab: [LRLEvidence@isp.in.gov](mailto:LRLEvidence@isp.in.gov)

