

# Lab Request Form

## *Contributor Instructions*

Indiana State Police Laboratory

Summer 2026



# Summer 2026 Update

- Removed Question Documents
- Biology Section
  - Added Forensic Investigative Genetic Genealogy information
  - Added more specific Sexual Assault types
  - Added Possession cases with note to include Prosecutor approval
- Firearms Section
  - Additional space to specify comparisons
- Latent Print
  - Removed permission to defer
- Microanalysis Section
  - Removed Vehicle Lamp examinations
- Changed Type of Investigation choices – still open for free entry

# Lab Request



## INDIANA STATE POLICE REQUEST FOR LABORATORY EXAMINATION

State Form 38930 (R4/2-16) v2026

Page 1 of 1

This form will expire 07/01/2027. 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 #

Trial Date

Related Case #

### Individuals Associated with Case

*Include all Individuals and Businesses*

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 Request Details

- 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



## INDIANA STATE POLICE REQUEST FOR LABORATORY EXAMINATION

State Form 38830 (R4/2-18) v2028

Page 1 of 1

This form will expire 07/01/2027. 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  Nature of the incident or crime under investigation. Choose from the drop-down or type in a more specific investigation.

Trial Date  Related Case #

### Individuals Associated with Case Include all Individuals and Businesses

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	Drug	DNA	Latent Prints	Firearms	Microanalysis	Digital Forensics
+	-		Sealed	<input type="checkbox"/>	<input 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.

# Lab Request Details



## INDIANA STATE POLICE REQUEST FOR LABORATORY EXAMINATION

State Form 38930 (R4/2-16) v2026

Page 1 of 1

This form will expire 07/01/2027. For an updated version, go to [www.in.gov/isp/labs](http://www.in.gov/isp/labs)

Lab Case #

Agency Case #

- 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

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 #

Trial Date  Related Case #

Individuals Associated with Case  
Include all Individuals and Businesses

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 Request Details

- Forms must be Emailed to the laboratory
  - If sending multiple forms, you may save the form and email them at the same time
    - Most email systems only allow 4-5 attachments at one time
  - For single forms, simply select the 'Email Form' button
- Multiple exams on an item will highlight the item in yellow
- When an exam is selected, the associated Print button will appear at the top of the page
  - Only print for your records
  - The full digital form must be emailed



**INDIANA STATE POLICE**  
**REQUEST FOR LABORATORY EXAMINATION**  
 State Form 38930 (R4/2-16) v2026  
 Page 1 of 2  
 This form will expire 07/01/2027. For an updated version, go to [www.in.gov/isp/labs](http://www.in.gov/isp/labs)

Lab Case #  
  
 Agency Case #

Email Form
Print Latent Request
Print Firearms 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 #

Trial Date   
 Related Case #

**Individuals Associated with Case**  
*Include all Individuals and Businesses*

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	Digital Forensics
+ -			Sealed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 #
- Additional required fields depending on analysis



## INDIANA STATE POLICE REQUEST FOR LABORATORY EXAMINATION

State Form 38930 (R4/2-16) v2026

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 #

Trial Date  Related Case #

# Drug Exams

Additional Information for Drug Examination				LIMS Request #		
Date of Seizure	<input type="text"/>	<input type="checkbox"/> Dealing	<input type="checkbox"/> Possession	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> State Charges	<input type="checkbox"/> Federal Charges
Court Cause Number(s)	<input type="text"/>					
Is the probable cause item submitted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Additional Information	<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
  - Indicate if an individual is a juvenile

# Drug Exams – Multiple Seizure Dates

Additional Information for Drug Examination			LIMS Request #		
Date of Seizure <input type="text"/>	<input type="checkbox"/> Dealing	<input type="checkbox"/> Possession	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> State Charges	<input type="checkbox"/> Federal Charges
Is the probable cause item submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	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.			<i>Item 1 - 8/1/2020, Item 2 - 8/15/2020</i>		
Individual 1	<input type="text" value="John Doe"/>	Items Associated with this Individual	<input type="text"/>	Check Box if this Individual is a Juvenile	<input type="checkbox"/>

- 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	Digital Forensics
Lab Item No.									
+	-		Sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+	-		Sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+	-		Sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+	-		Sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+	-		Sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+	-		Sealed	<input checked="" type="checkbox"/>	<input 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.

**STOP!**  
 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

- 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="1"/>	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
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"/> NIBIN/IBIS		
<input type="checkbox"/> Firearm		
<input type="checkbox"/> Ammunition		
<input type="checkbox"/> GSR Distance		
<input type="checkbox"/> Toolmark		
Lab Use Only: Items for IBIS Entry	<input type="text"/>	

- Required Fields
  - Date of Occurrence/Seizure
- Requests divided by evidence type
  - Select the appropriate box based on the evidence being submitted

# Firearm/Toolmark Exams

- NIBIN/IBIS Entry
  - **Firearm(s):** a firearm will be test fired and entered into the system if applicable (pistols or small caliber rifles only)
  - **Test Fires:** a representative sample of fired cartridge cases will be entered
  - **IBIS Lead Confirmation:** provide the lead paperwork

Additional Information for Firearms Examination		LIMS Request #
Date of Occurrence/Seizure	<input type="text"/>	
<input checked="" type="checkbox"/> NIBIN/IBIS	The submitting agency understands and agrees to the following: NIBIN systems may be used only for imaging of ballistic evidence and test fires of firearms <b>illegally possessed, used in a crime, or suspected by law enforcement officials of having been used in a crime.</b> Ballistics information and/or evidence from firearms taken into law enforcement custody are permitted for entry into the NIBIN database, <u>with the exception of firearms taken into law enforcement custody for the mere purpose of safekeeping and not associated or potentially associated with a crime.</u>	
<input type="checkbox"/> Firearm(s) <input type="checkbox"/> Test fires <input type="checkbox"/> Evidence Cartridge Case(s) <input type="checkbox"/> IBIS Lead		
<input type="checkbox"/> Firearm		
<input type="checkbox"/> Ammunition		
<input type="checkbox"/> GSR Distance		
<input type="checkbox"/> Toolmark		
Lab Use Only: Items for IBIS Entry		<input type="text"/>

# Firearm/Toolmark Exams

- Firearm submissions
  - **Safety Function/Accidental Discharge:**  
firearm safeties and malfunctions will be tested
  - **Officer Involved:**  
indicate officer weapons in the item descriptions
  - **Comparison:**  
Indicate items for comparison
  - **Serial Number Restoration:**  
Missing or obliterated serial numbers will be restored

Additional Information for Firearms Examination		LIMS Request #
Date of Occurrence/Seizure	<input type="text"/>	
<input type="checkbox"/> NIBIN/IBIS		
<input checked="" type="checkbox"/> Firearm	<b>****For the safety of all that handle a firearm, all efforts should be made to ensure the firearm is submitted unloaded. If a firearm cannot be unloaded or if it is unknown if it is loaded, it may only be submitted to the ISP Laboratory upon appointment with the Laboratory Manager and a Firearm Examiner.****</b>	
<input checked="" type="checkbox"/> Test Fire	<input type="checkbox"/> Comparison	<input type="checkbox"/> Serial Number Restoration
<input type="checkbox"/> Safety Function/Accidental Discharge Test		
<input type="checkbox"/> Officer Involved Shooting		
<input type="checkbox"/> Full Auto Exam		
<input type="checkbox"/> Permission to Disassemble		
Provide a brief synopsis of the accidental discharge (if applicable)		
<input type="text"/>		
<input type="checkbox"/> Ammunition		
<input type="checkbox"/> GSR Distance		
<input type="checkbox"/> Toolmark		
Lab Use Only: Items for IBIS Entry <input type="text"/>		

# Firearm/Toolmark Exams

Additional Information for Firearms Examination		LIMS Request #
Date of Occurrence/Seizure	<input type="text"/>	
<input type="checkbox"/> NIBIN/IBIS		
<input type="checkbox"/> Firearm		
<input checked="" type="checkbox"/> Ammunition	<input checked="" type="checkbox"/> Comparison	<input type="checkbox"/> Characterization
	<input type="checkbox"/> IBIS Lead Confirmation	
	Items to be Compared	
	<input type="text"/>	
<input type="checkbox"/> GSR Distance		
<input type="checkbox"/> Toolmark		
Lab Use Only: Items for IBIS Entry	<input type="text"/>	

- Ammunition submissions (fired components)
  - **Comparison:** indicate items for comparison
    - **IBIS Lead Confirmation:** provide the lead paperwork
  - **Characterization:** determines specific ammunition component details (caliber, manufacture, possible make/model of firearm that fired the components)

# Firearm/Toolmark Exams

Additional Information for Firearms Examination		LIMS Request #
Date of Occurrence/Seizure	<input type="text"/>	
<input type="checkbox"/> Firearm(s)		
<input type="checkbox"/> Ammunition		
<input checked="" type="checkbox"/> GSR Distance	Number of holes to be processed <input type="text"/>	<i>The suspect firearm and ammunition should be submitted.</i>
<input checked="" type="checkbox"/> Toolmark	<i>The tool(s) and toolmark(s) must be submitted.</i>	
Lab Use Only: Items for IBIS Entry	<input type="text"/>	

- GSR Distance Determinations
  - Indicate the number of holes to be processed
  - Suspect firearm and like ammunition should be submitted – contact the laboratory before submission if they are not available
- Toolmark
  - The suspect tool and toolmarks (either object or dark Mikrosil cast) must be submitted

# 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"/>
Additional Information (if needed)		<input type="text"/>					

- No additional required fields
- One item per line
- Box for critical additional information available
- Fire Debris – additional boxes appear

Fire Debris Information:

Date of Incident

Date of Collection

# 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"/>																			
<p><b>Important!</b></p> <p><b>Permission to Consume</b></p> <p>In order to improve the possibility of generating a complete DNA profile, the entire sample may need to be consumed. <u>May the DNA Analyst, at their discretion, consume (in their entirety) samples submitted in this case?</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name of Authorizing Individual <input type="text"/></p>																								
<p><b>Type of Investigation:</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Death Investigation/Homicide</td> <td><input type="checkbox"/> Rape</td> <td><input type="checkbox"/> Child Molest</td> <td><input type="checkbox"/> Sexual Assault</td> </tr> <tr> <td><input checked="" type="checkbox"/> Assault/Battery</td> <td><input type="checkbox"/> Robbery</td> <td><input type="checkbox"/> Bloodstain Pattern</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Burglary/ Theft</td> <td><input type="checkbox"/> Drugs</td> <td><input type="checkbox"/> Possession</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Missing Person / Unidentified Human Remains</td> <td><input type="checkbox"/> Relationship Testing</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Forensic Investigative Genetic Genealogy (FIGG)</td> <td><input type="checkbox"/> Other</td> <td colspan="2"><input type="text"/></td> </tr> </table>					<input type="checkbox"/> Death Investigation/Homicide	<input type="checkbox"/> Rape	<input type="checkbox"/> Child Molest	<input type="checkbox"/> Sexual Assault	<input checked="" type="checkbox"/> Assault/Battery	<input type="checkbox"/> Robbery	<input type="checkbox"/> Bloodstain Pattern		<input type="checkbox"/> Burglary/ Theft	<input type="checkbox"/> Drugs	<input type="checkbox"/> Possession		<input type="checkbox"/> Missing Person / Unidentified Human Remains	<input type="checkbox"/> Relationship Testing			<input type="checkbox"/> Forensic Investigative Genetic Genealogy (FIGG)	<input type="checkbox"/> Other	<input type="text"/>	
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<input type="checkbox"/> Burglary/ Theft	<input type="checkbox"/> Drugs	<input type="checkbox"/> Possession																						
<input type="checkbox"/> Missing Person / Unidentified Human Remains	<input type="checkbox"/> Relationship Testing																							
<input type="checkbox"/> Forensic Investigative Genetic Genealogy (FIGG)	<input type="checkbox"/> Other	<input type="text"/>																						
<p><b>Tier One Submission Protocol:</b> Maximum number of items without prior consultation Number does not include appropriate DNA standards:</p>																								
<p>Assault/Battery - 4 items plus appropriate DNA Standards</p>																								

- Each investigation type prompts additional questions
- Tier policy indicated when the type of investigation is chosen
- Individuals listed at the top of the form will appear in this section
  - When 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
- Provide the Sexual Assault Kit tracking number and PIN for all submitted kits

- 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:



Sexual Assault Kits			
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.			
Sexual Assault Kit Tracking Number	<input type="text"/>	PIN	<input type="text"/>
		<input type="button" value="Add Kit"/>	<input type="button" value="Remove Kit"/>

# Digital Forensic Exams

Additional Information for Digital Forensic Examination			LIMS Request #
<b><u>Search Warrant or Consent is Required</u></b>			
There is proper legal authority (i.e. search warrant, consent to search, abandoned, exigency, probation terms, etc.) to search the contents of the submitted device(s). (Please advise if there are any restrictions defined by the warrant or consent.) Be sure to submit a copy of the arrest report or brief summary case report with your request. Failure to submit these documents may result in a delay in processing.			
No legal authority will result in no examination by the ISP Digital Forensic Unit.			
Investigator Cell Phone	<input type="text"/>	Investigator Email	Date Obtained <input type="text"/>
Brief Synopsis of Investigation: <input type="text"/>			
<b>Type of Evidence</b>			
<input type="checkbox"/> Digital Device <input type="checkbox"/> Audio/Visual			

- Choose Digital Device or Audio/Visual
- Add a line for each item submitted
- Answer corresponding questions

# Evidence Submission Protocol

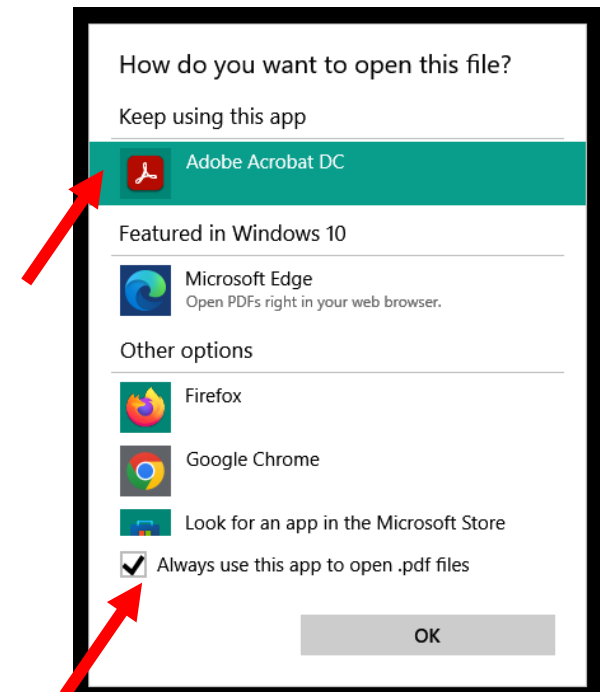
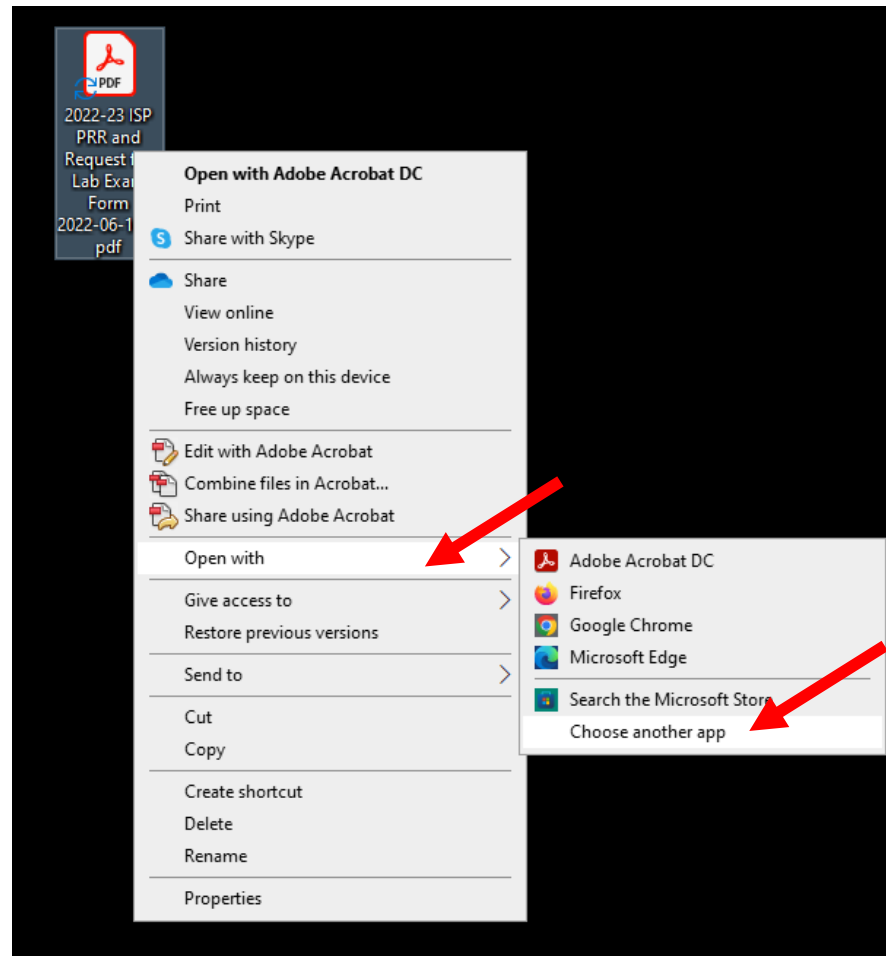
- All Lab Requests must be Emailed to the appropriate Laboratory
  - If sending multiple forms, you may save the form and email them at the same time
    - Most email systems limit this to four or five attachments. Confirm with the lab to make sure all of your lab requests were received prior to your appointment.
  - For single forms, simply select the 'Email Form' button
- Evidence Specialists 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 Specialist 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 Specialist will have the printed lab request(s)
  - The physical request will be used to verify the evidence received

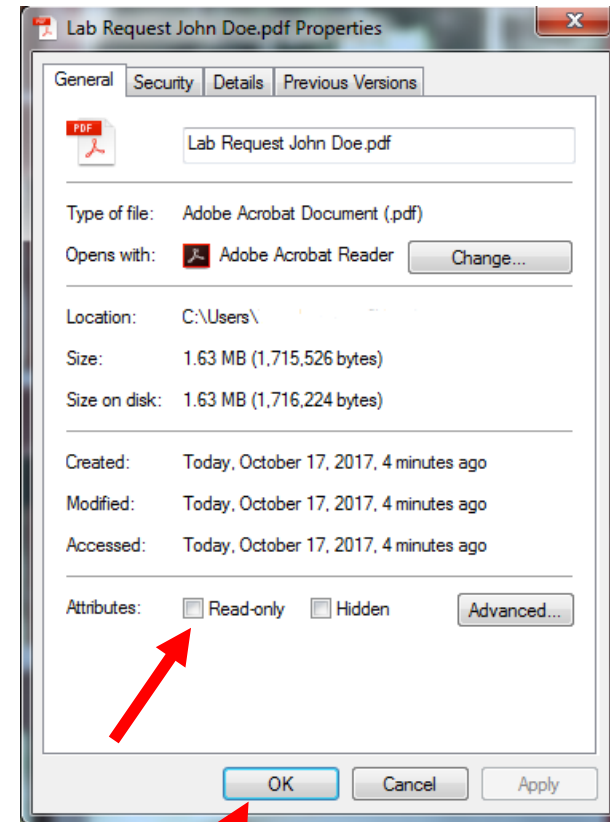
# Issues with Opening the Form

- Save the form to your desktop
- Right click on the file
- Select 'Open With' then 'Choose another App'
- In the popup box, check the box marked 'Always use this app to open .pdf files', then click on Adobe Reader



# 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)

