

**REGIONAL FORENSIC SCIENCE CENTER**  
**SEDGWICK COUNTY, KANSAS**  
 1109 N. Minneapolis Wichita, Kansas 67214  
**LABORATORY EXAMINATION REQUEST**

<b>Request Date</b>	<b>Suspect Name(s) and DOB</b>	Date Rec'd _____
<b>Agency Case Number</b>		LAB USE ONLY
<b>Offense Date</b>		Lab Number _____
<b>Agency Contact Information</b>	<b>Victim Name(s) and DOB</b>	<b>Charges Pending (select one)</b>
Name: _____ Address: _____		Federal      State      City
<b>Investigator's Name(s):</b> _____	<b>Court Date (if known)</b>	

<b>Phone:</b> _____	<b>Case Classification (select all that apply)</b>					
<b>Email:</b> _____	Agg Assault	Agg Batt	Agg Burglary	Agg Robbery	Arson	Attempted Murder
	Auto Theft	Burglary	DFSA	Drug	DUI/DUID	Homicide
	Larceny	Open Container	Pathology Identification	Robbery	Sex Crime	Vehicular Homicide
	Weapons	Other				

Item No.	Examination Requested
LAB USE ONLY	

**Remarks / Case Information**