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YURK	State Police
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DNA/Serology Submissions

Agency:	Station: (NYSP)				
SJS/Case #	Lab Case #				

Instructions: Complete this form in addition to the LAB-2/G This form must be impleted electronically a	ENL-2 Lab Submission f	form for DNA/Serology evide	nce.					
 This form <u>must</u> be completed electronically; use drop down fields where applicable. Investigating Officer/Case Manager (Name of individual to receive laboratory testing results.) 								
Title and Name	Office #	Agency/ Work Cell						
Priority Status (Specify date(s), if kn	own. Dates are used	to prioritize laboratory te	sting when possible.)					
Pending Investigation	Grand Jury	Date:	Arraignment Date:					
Trial Date:	Other	Specify:						
Subjects Involved								
Name (Last, First, MI)		Title (Victim, Suspect, etc.)	DOB (mm/dd/yyyy)					
Details of Offense (Description of expenditure) relationship of the		event occurred i.e., victine, and location of eviden						
•		,	,					
Reference Samples (A known DNA	sample collected dire	ectly from a person, aka	'elimination' sample. Typically, this					
is a swab to co	llect cells from inside	the mouth/cheek area re	eferred to as a 'buccal' swabbing.)					
Item # (samples submitted as DNA controls)	Name (Last, First, MI)		Designation of Subject(s) in this Case					

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NEW YORK STATE	State Police
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DNA/Serology Submissions

Agency:	Station: (NYSP)
SJS/Case #	Lab Case #

Evid	lence	Samp	oles
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To optimize evidence storage and testing response time, the following item limits have been established. For a full list of case category
specific item limits, see the Biological Science Casework Evidence Submission & Testing Information document found on the NYSP
Public Website at https://troopers.nv.gov/biological-science-casework

T dbile troboite at itte	3.76 Copers.ity.gov/biolo	great colonics successfully
Homicide	10 evidence items	As determined to be the most probative by the Investigator/Prosecutor or during a case review meeting/teleconference with NYSP FIC staff.
Assault/Attempted Murder/Robbery	5 evidence items	
Sexual Assault	1 evidence item	Sexual Offense Evidence Collection Kit (SOECK)
Sexual Assault	4 evidence items	In circumstances where no SOECK has been collected.
Property Crime	3 evidence items	Containing suspected blood, seminal fluid, saliva, or items left behind by the perpetrator. Touch DNA evidence can be submitted as a last resort if none of the previously described evidence exists. Touch DNA evidence items permitted for submission are: • For Burglary/Larceny cases: 2 swab collections from the forced point of entry (e.g., door jamb, window frame, etc.) • For Stolen Vehicle cases: 1 swab collected from the steering wheel.

NOTE: The FIC understands that circumstances such as multiple perpetrators, victims, or scenes may dictate the need for additional testing if the relevant questions have not been answered from the first submission of evidence items.

Complete	For each evidence item, select type(s) of biological material that may be on that item.										
Items for DNA and/or Serology (Item # from Submission Form)	Location item collected from (scene, vehicle, victim's property, suspect's property, etc.)	Brought to Scene by Suspect?	Blood	Semen	Touch DNA	Urine	Feces	Possible Saliva	Hair	Other	Enter item description here if needed or if "Other" is selected, specify the type of biological material.
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DNA/Serology Submissions

Agency:	Station: (NYSP)				
SJS/Case #	Lab Case #				

Police	SJS/Case #				Lab Case #		
Sexual Offense Evide	ence Submissions						
	police and prosecutorial agencies	to submit Sexual Off	ense Ev	idence C	ollect	ion Kits (SOECK) within te	n (10)
1. Is the evidence item being s	ubmitted a SOECK?		Yes, ar	nswer #2		No, skip to #3.	
2. If no charges have been or w	rill be filed, answer the following qu	estions:					
a. Did the victim file a false	complaint?		Yes	No	Un	k (Pending Investigation)	
b. Did the Agency determine	e no crime occurred?		Yes	No	Un	k (Pending Investigation)	
c. For a kit collected as part there reason to believe a	of a routine post-mortem exam, is sexual assault occurred?		Yes	No	Un	k (Pending Investigation)	N/A
	Mandatory for	all DNA Submis	sions				
	sual sex within five (5) days prior to NA buccal sample from any conse	? Y	es l	No	Unk		
b. If yes, has a consensual par	Υ	'es	No	Unable to obtain			
c. If no/unable to obtain, provi	de Consensual Partner name(s):						
Firearms (With a charge	of Criminal Possession of a V	/eapon)					
Instructions:							
swabs from the handgun (grip end/forearm or handguard, bolt	meeting the below Criminal Posses, trigger/trigger guard, slide, or magaz handle/lever/cheek plate, or an area t examination is needed, the biology	tine) or <i>four (4)</i> swab hat would be handled	s from th frequentl	he long g ly by the ເ	un (g user.)	rip, trigger/trigger guard, fore	-
	be performed by a trained Crime So ou need assistance, please contact FICCMR@troopers.ny.gov.**						
	does not accept testing for: an individual's person (where the or leved to be associated with a crime						

1. If the firearm was not acquired as indicated above, identify the circumstances of the firearms seizure (e.g. seized as part of a search warrant, seized during a traffic stop, etc.):

2. Where was the firearm located/recovered from?									
a. If along flight path, was suspect observed discarding the firearm l	by LEO?	Yes	No						
3. Is the charge of Criminal Possession of a Weapon the only charge									
a. If no, list all charges (needed to determine CODIS eligibility):									
4. Did any uncharged, known individual(s) handle the firearm submitt	ed?	Yes *Reference sample should be provided with this submission.*			No				
5. Are there multiple firearms? Yes, list Make/Model:		Make		Model					
No									
Note: Swabs from a maximum of two (2) firearms can be submitted as described in the Firearms Instructions.									
6. Is there any additional lab testing requested (e.g. latent processing, t	firearms examir	nation, etc.)?		Yes, list below.	No				

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	NEW YORK STATE	State Police	DNA/Serology	Agency:
			Submissions	SJS/Case #

Agency:	Station: (NYSP)
SJS/Case #	Lab Case #

Additional Information							
Has other EVIDENCE pertaining to this case been previously submitted? Yes, provide Lab Case #							
Is there a previous CASE submission that	at this case should be compared to?	Yes, complete below.	No				
Lab Case #:	Victim(s) Name:						
Remarks/Comments (Other offense(s) committed, additional localities, etc.):							
Additional names of suspects, defendants, victims, deceased, or other information:							
Submitted by							
Name (Last, First, MI)			Date (mm/dd/yyyy)				
, , ,							

The Biological Science Section will return items without analysis if the laboratory has attempted to contact the submitter on two occasions (with no response) to obtain additional case specific information or request the necessary reference samples.

Please submit the completed form with the LAB-2/GENL-2 Lab Submission form at the time of evidence submission.

If a Lab Case # already exists, you may forward the completed form to: evidence@troopers.ny.gov or fax: (518) 402-2757.