NEW YORK STATE | State Police

# Evidence Submission Supplemental

| Agency: | |
|---|---|
| **Incident #** | **Lab Case #** (If Known) |

## Evidence Continuation

| Agency Item # | Item Description (Include source if applicable, i.e. victim, suspect, owner) | Specific Analysis Requested (DNA/Serology, Drugs (ID/Weight), Tox, Latents, Firearms (NIBIN, S/N, Test Fire), Trace Section (Fire Debris, Forensic Unknown, Fracture Match), CCU, Audio/Video/Image, Odontology) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

## People Involved Continuation

| **Name** (Last, First, MI) | **Title** (Specify: Complainant/Deceased/Def/Subject/Suspect/Victim/Other) |
|---|---|
| | |
| | |
| | |
| | |

****CUSTOMER AGREEMENT****

**By submission of this form and the evidence described above, the submitting agency acknowledges any analytical reports issued by the NYSP Crime Laboratory will be formatted in accordance with the Laboratory's standard procedures and contain all information necessary for the interpretation of test results.**

**Go to https://troopers.ny.gov/laboratory-test-report-information for identification of the reporting information required by ISO/IEC17025:2017 that might not appear in the test report.**