TRACIS

TULSA REGIONAL AUTOMATED CRIMINAL INFORMATION SYSTEM
STANDARDIZED REPORTING FORMAT TUL-4458G

TULSA POLICE DEPARTMENT

LAB ANALYSIS REQUEST

BIOHAZARD

PAGE OF

- ☐ BLOOD
- ☐ SHARPS
- ☐ BODY FLUIDS
- ☐ NEEDLES
- ☐ OTHER

LOCATION OF CRIME

☐ TULSA COUNTY ☐ OTHER, SPECIFY

REQUEST	FIELD TEST	ARREST
☐ ORIGINAL ☐ ADDITIONAL	☐ YES ☐ NO	☐ ADULT ☐ JUVENILE ☐ NONE

PROP RECEIPT NUMBER	PHOTO FILE NUMBER	LATENT PRINT NUMBER	INCIDENT DATE	REQUEST DATE

OFFENSE	SUSPECT NAME/TPD NUMBER LAST, FIRST
VICTIM NAME LAST, FIRST	SUSPECT NAME/TPD NUMBER LAST, FIRST
REQUESTOR/TITLE/DIVISION/TELEPHONE	SUSPECT NAME/TPD NUMBER LAST, FIRST

Submit one (1) Lab Analysis Request per incident. Copy of the Property Receipt and Drug Field Test Report must be attached.

ITEM NUMBER FROM PROPERTY RECEIPT	EVIDENCE TO BE EXAMINED	EXAMINATIONS(S) REQUESTED

NOTES/ADDITIONAL SUSPECTS:

DISTRIBUTION: **ORIGINAL–**TPD LAB **COPY–**WITH INCIDENT REPORT

FOR LABORATORY USE ONLY

☐ **Drugs** ☐ **Firearms** ☐ **Photography** ☐ **Prints**

☐ **Serology** ☐ **Toxicology** ☐ **Trace** ☐ **Questioned Documents**

Authorization: _____ **Date:** _____

INCIDENT NUMBER