MINNESOTA BCA FORENSIC SCIENCE SERVICE
ANALYSIS REQUEST FORM

Bureau of Criminal Apprehension
Forensic Science Laboratory
1430 Maryland Avenue East
St. Paul, MN 55106
651-793-2900
Email: bca.lab.vault@state.mn.us

Bureau of Criminal Apprehension
Forensic Science Laboratory
3700 N. Norris Court NW
Bemidji, MN 56601
218-755-6600

Please provide the following information, as well as the Submitting Agency Report, so we can effectively and efficiently process your case. If submitting by mail or delivery service, please mail each case separately. Please type or print clearly.

Submitting Agency:

Agency Case Number:

Investigating Officer Name/Phone:

Investigating Officer Email:

Name of Person Submitting Evidence:

Type of Offense:

If Burglary: **Residential** ☐ **Commercial** ☐

Date of Offense:

Is this a New Case? **Yes** ☐ **No** ☐

If No: **Additional Item(s)** ☐ **Resubmitted Item(s)** ☐

If Additional/Resubmitted – BCA Lab #

Requested Analysis *(please check)*:

Alcohol	☐	**Questioned Documents**	☐
Toxicology	☐	**Arson/Chemical Testing**	☐
Latent Prints	☐	**Trace (non-drug evidence)**	☐
Firearms	☐	**Drug Chemistry**	☐
Nuclear DNA	☐	**Mitochondrial DNA**	☐

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Drug Cases :

Possession ☐

Sale ☐

Search Warrant ☐

Manufacture ☐

For Marijuana Cases, Please Provide the Jury Court Date: _____
(Marijuana cases will not be accepted without a Jury Court Date)

Syringes are not accepted

Latent Print Cases:

Elimination Prints from All Principals	**Yes**	☐	**No**	☐
Major Case Prints (fingers/palms) for Crimes Against People	**Yes**	☐	**No**	☐
Is the Evidence Processed?	**Yes**	☐	**No**	☐

If Yes, what Type of Processing? _____

DNA Cases:

Known DNA Samples from All Principals	**Yes**	☐	**No**	☐

EACH ITEM MUST BE SEALED SEPARATELY. INITIALS MUST BE ON SEALS.

Principals Information

Victim(s) *(Last Name, First Name, Middle Name)*	**Date of Birth** *(MM/DD/YYYY)*	**SID Number or N/A**

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Suspect(s) *(Last Name, First Name, Middle Name)*	**Date of Birth** *(MM/DD/YYYY)*	**SID Number or N/A**

Elimination Principal(s) *(Last Name, First Name, Middle Name)*	**Date of Birth** *(MM/DD/YYYY)*	**SID Number or N/A**

Additional Information/Comments: