

Completing the NMS Labs Drug ID Requisition Form

LOCATIONS:

- Willow Grove, Pennsylvania
- Bucks County, Pennsylvania
- Dallas-Fort Worth, Texas
- El Paso, Texas
- Winston-Salem, North Carolina



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CRIME LAB DRUG IDENTIFICATION REQUISITION FORM

A copy of the form must be submitted with the evidence. Please contact NMS Labs Client Services at CrimeLab@NMSLabs.com or (844) 276-1182 with any questions. Thank you.

NMS Labs Account #: 12345 **1**

Agency: XYZ Police Department

Agency Contact: _____

Agency Address: _____

City, State, Zip: _____

Agency Phone: _____ **2**

Agency Fax: _____

Contact Email: _____

Submitting County: _____

Misdemeanor **3** Felony Juvenile

Case # or OCA #: _____

Criminal Docket #: _____

Delivered By: _____

Offense Date: _____

Offense: _____ **4**

Suspect Name(s)/DOB(s): _____

Case History:
(attach add'l sheets as needed)

Item #	Description of Items	Examine For
		Drug ID ▼
		Drug ID ▼
		Drug ID ▼
		Drug ID ▼
		Drug ID ▼
		Drug ID ▼

Date	Time	Item #	Relinquished By <i>Print and sign</i>	Received By <i>Print and sign</i>	Comments / Purpose of Transfer

Completing the NMS Labs Drug ID Requisition Form

Please follow the instructions below when completing the NMS Labs Drug ID requisition form.

1. **NMS Labs Account #** and **Agency** will be pre-populated if requisition forms are ordered through our Client Support department. (NOTE: If forms are [downloaded from the website](#), clients will need to input this information.)

2. Complete the follow demographic information:
 - Agency Contact
 - Agency Address, City, State, Zip
 - Agency Phone, Fax
 - Contact Email
 - Submitting County

3. Check as appropriate:
 - Misdemeanor, Felony, or Juvenile Offense

4. Complete the following case details, **as applicable**:
 - Case # or OCA # (may also be known as Offense # or Investigative Case #)
 - Criminal Docket #
 - Delivered By (who is delivering the evidence?)
 - Offense Date
 - Offense
 - Suspect Name(s)/DOB(s)
 - Case History (attach additional sheets as needed)

5. Order testing in this section:
 - Enter Lab Item # (if applicable)
 - Enter Description of Items
 - Complete Examine For with requested testing information
 - Drug ID: (*this is the default option; include specific drug(s), if applicable, in blank space next to drop down*)
 - Other (enter): (*specify in blank space next to drop down*)

6. Complete chain of custody.