

## PATORNEY CEL

## **Drug Evidence Request Details**

Agency Name:	BCI Lab # :							
Agency Case #:					(for interna	al use only)		
Potential Charge(s):(check all that apply)		Possession	ession Cultivation		Trafficking		Man	ufacturing
Tampering (	Conveying	Other (please specify):						
Highest Suspected Offen	F1-F3	F4-F5	Misdeme	eanor				
If a gross weight was coll	ected, enter	the weight he	ere:					
Were any items listed used to obtain a search warrant? List Item(s):					Yes	No		
<b>Do any items listed need tested to obtain a search warrant?</b> List Item(s):					Yes	No		
Were any items listed tested with a MX908 device? List Item(s):					Yes	No		
Are any items associated with an overdose? (includes both fatal and non-fatal)					Yes	No		
Do the markings on any	pharmaceuti	ical tablets ind	dicate a con	trolled sul	bstance	? Yes	No	N/A
Any known hazards? Yes No If Yes, describe (body cavity, clan lab, sharps, etc.):								

Additional information pertinent to rush request or case prioritization: