

OFFICE OF THE CHIEF OF POLICE

NOTICE

14.5

March 17, 2020

TO: All Department Personnel

FROM: Chief of Police

SUBJECT: REQUEST FOR SEROLOGY/DNA ANALYSIS, FORM 12.56.00 –
REVISED

The Request for Serology/DNA Analysis, Form 12.56.00, has been revised. The boxes titled "TIME BETWEEN ASSAULT AND SART EXAM:" have been replaced with "EXAM DATE:" and "RECEIVED DATE:" boxes.

The Request for Serology/DNA Analysis form is attached for immediate use and duplication and is available in E-Forms on the Department's Local Area Network. All other versions of this form shall be marked "obsolete" and placed into the divisional recycling bin. The use, completion, and distribution of this form remains unchanged.

Any questions regarding this Notice may be directed to Risk Management and Policies Division, at (213) 486-0400.



MICHEL R. MOORE
Chief of Police

Attachment

DISTRIBUTION "D"

UPDATE

Los Angeles Police Department

RSDA CATEGORY:	RHD:	DR NO.:
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REQUEST FOR SEROLOGY/DNA ANALYSIS

DATE OF REQUEST:	TYPE OF INVESTIGATION:	DATE OF OCCURRENCE:	DATE OF REPORT:	INVESTIGATIVE DIVISION:
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ANALYSIS REQUESTED: SEXUAL ASSAULT BLOODSTAIN DNA COLLECTION OTHER INCIDENT NO.:

ITEM #:	DESCRIPTION:	ITEM #:	DESCRIPTION:
ITEM #:	DESCRIPTION:	ITEM #:	DESCRIPTION (USE NARRATIVE FOR ADDITIONAL ITEMS):

EVIDENCE STATUS - REFERENCE SAMPLES

REFERENCE SAMPLES OBTAINED	ITEM #	DATE EVIDENCE BOOKED:
VICTIM: <input type="checkbox"/> NO <input type="checkbox"/> YES		
SUSPECT: <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> CODIS HIT CONFIRMATION
ELIMINATION/CONSENTING PARTNER: <input type="checkbox"/> NO <input type="checkbox"/> YES		

PROPERTY REPORT IS REQUIRED FOR ALL SEROLOGY/DNA ANALYSIS REQUESTS

PROPERTY REPORT HAS BEEN ELECTRONICALLY SUBMITTED TO FSD-SDU EXPEDITED ANALYSIS 03.14.00 - ATTACHED
NOTE: YOUR EVIDENCE MAY BE SUBMITTED TO AN ACCREDITED SUBCONTRACTOR FOR DNA ANALYSIS.

EVIDENCE BOOKED TO:	<input type="checkbox"/> ARRESTEE <input type="checkbox"/> VICTIM <input type="checkbox"/> OTHER	LOCATION EVIDENCE BOOKED:
OFFICER REQUESTING:	SERIAL NO.: DIVISION: STOP NO.: PHONE NO.: EXT.:	CORONER NO.:

INFORMATION AND INVESTIGATIVE NOTES

CASE STATUS/PRIORITIZATION FACTORS (CHECK ALL THAT APPLY)

SUSPECT STATUS: IN CUSTODY <input type="checkbox"/> NO <input type="checkbox"/> YES	NAME:	BOOKING #:	CII #:
NUMBER OF SUSPECTS:	INVOLVED SUSPECT(S) IDENTIFIED: <input type="checkbox"/> NO <input type="checkbox"/> YES		
COURT: <input type="checkbox"/> TRIAL DATE: <input type="checkbox"/> PRELIM DATE: <input type="checkbox"/> NEEDED FOR FILING <input type="checkbox"/> NONE			
SUSPECT RELATIONSHIP: <input type="checkbox"/> PARTNER/SPOUSE/FAMILY MEMBER <input type="checkbox"/> ACQUAINTANCE/NON-STRANGER	<input type="checkbox"/> POSITION OF TRUST <input type="checkbox"/> UNKNOWN/STRANGER		
ENHANCEMENT: <input type="checkbox"/> CAMPUS ASSAULT <input type="checkbox"/> GANG INVOLVED <input type="checkbox"/> SERIES LINK <input type="checkbox"/> WEAPON USED (SPECIFY):			

SEXUAL ASSAULT RELATED QUESTIONS

VICTIM SAEK BOOKED? <input type="checkbox"/> NO <input type="checkbox"/> YES	ITEM #:	GENDER: <input type="checkbox"/> F <input type="checkbox"/> M	AGE:	EXAM DATE:	RECEIVED DATE:
SUSPECT SAEK BOOKED? <input type="checkbox"/> NO <input type="checkbox"/> YES	ITEM #:	GENDER: <input type="checkbox"/> F <input type="checkbox"/> M	AGE:	EXAM DATE:	RECEIVED DATE:
CONSENSUAL SEXUAL ACTIVITY BY VICTIM IN LAST 5 DAYS? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PARTNER REFERENCE SAMPLE AVAILABLE? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NOT A FACTOR, PLEASE EXPLAIN IN CASE NARRATIVE. IF NO, SUBMIT FORM 12.56.01 WITH THIS REQUEST. IF YES, COMPLETE "ELIMINATION/CONSENTING PARTNER" BOOKING INFORMATION ABOVE.					

INJURY/ASSAULT/HOMICIDE: DESCRIBE INJURIES RECEIVED

BY VICTIM:	BY SUSPECT:
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CASE NARRATIVE: (BRIEFLY SUMMARIZE THE FACTS OF THE CASE AND THE PROBATIVE NATURE OF THE EXAMINATION REQUESTED.)

DATE SENT TO RHD:	DATE RECEIVED BY RHD:	RHD DETECTIVE REVIEWING, DATE, NAME, SERIAL NO.:	DATE SENT TO FSD:
DATE ENTERED AT FSD:	REQUEST TAKEN (AT FSD) BY:		
SUPERVISOR APPROVING (AT FSD):		ANALYST ASSIGNED:	

REQUEST FOR SEROLOGY/DNA ANALYSIS

CONTINUED CASE NARRATIVE:

DR NO.: