TEXAS DEPARTMENT OF PUBLIC SAFETY
CRIME LABORATORY

Expedited Analysis / Reanalysis Request Form
LAB-213 Rev.03 (09/2020) p.1 Issued by: SQM

DPS Lab Case #: REQUEST FOR: ☐ EXPEDITED ANALYSIS ☐ REANALYSIS
Agency Case #: Subject Name:

Requestor Contact Information
Full Name / Title ________________________________________________________________
Agency Address __________________________________________ City, State, Zip
Business Email __________________________________________ Phone ________________ Fax ________________

Justification for Expedited Analysis (Required)
Stated case involves:
☐ A threat to public safety (e.g., an unidentified serial rapist)
☐ An impact to court trials (please describe) ___________________ Results needed by ______
☐ An impact to jails (e.g., subject is confined for an extended period pending laboratory results)
☐ A high profile incident that draws national media attention
☐ Other ________________________________________________________________

Justification for Reanalysis without a Court Order (Required)
☐ Case involves a warrantless blood draw
☐ Reanalysis is requested for administrative or quality assurance purposes
☐ Original analyst is unavailable for testimony
☐ New technology or procedure has become available
☐ Case involves a change in legal statutes or requirements
☐ Other ________________________________________________________________

Customer Comments ____________________________________________________________
Requestor Signature ___________________________ Date ___________________________
Due Date __________________________________________ Phone ______________________
Prosecuting Attorney ___________________________ Phone ______________________

For DPS Crime Laboratory Use Only:
REQUEST: ☐ APPROVED ☐ DENIED OTHER LAB NOTIFIED: ☐ YES ☐ N/A
Type of analysis (e.g., Seized Drugs/Friction Ridge):
Evidentiary items:
Comments:
Supervisor/Lab Manager ___________________________ Date ______________________
Date Requestor Notified ___________________________ Method of Notification ___________________________