Latent Print Laboratory
Case Cancellation Request Form

Lab case number (if known)

Requestor name and agency:

Contact information:
phone and/or email

Agency case number(s):

Evidence: ☐ all evidence

***Please ensure accuracy of item numbers or descriptions.*

Reason for cancellation:

If testing has not started you may elect to NOT receive a report of no analysis. Please check the box if you agree. ☐

If any evidence has been entered into SABIS or FBI NGI unsolved latents files, should images be removed?

☐ YES ☐ NO ☐ UNKNOWN

****** LAB USE ONLY ******

Date received _____ by _____ ☐ email ☐ in-person ☐ other _____

☐ Evidence ready for return Initials _____

☐ UL File update as directed above Initials _____

Director or QA Coordinator approval Initials _____ Date _____