



FORENSIC CASE SUBMISSION FORM

THIS FORM MUST BE COMPLETED BEFORE CASE PROCESSING CAN BEGIN

6. CODIS Requirement

Due to changes in the FBI Quality Assurance standards, you must answer the following question prior to testing.

- Do you anticipate that any DNA profile from this case will be entered into the Combined Database Indexing System (CODIS) or searched by any CODIS database? YES NO

7. Forensic Report Disposition

Report will be sent to the following: Address Fax E-mail Picked up in Lab by: _____
 (Provide information below) Provide Name of Recipient

If "Address" is selected above, provide complete STREET address – (Reports will NOT be sent to P.O. Boxes)

Telephone # _____ Fax # (if "Fax" selected above) _____

e-mail (if "e-mail" selected above) _____

8. Forensic Evidence Disposition

Check One: Return via overnight courier Return via Pick-up

Complete name, telephone number and STREET address (NO P.O. Boxes) of the individual responsible for accepting the return of processed or unused evidence from this case or cases and / or the individual we can call regarding evidence pickup.

Name _____ Telephone Number _____

Street Address _____

9. Client Authorization (Individual authorizing testing please sign below)

By signing below, you agree to the following:

I certify that the above information I have provided is correct, and I authorize the DNA Reference Laboratory to perform DNA testing on the items listed in the Itemized Evidence Submission form F-PROT-35, as per specific instructions given in section 4-5 of this form. I understand that payment arrangements must be made with the DNA Reference Lab prior to testing. I authorize the DNA Reference Laboratory, Inc. to release the forensic reports and/or forensic evidence to the locations listed in sections 7 and 8 of this form, respectively.

Name _____ Signature _____ Date _____

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10. Billing Information

Note: This section must be completed by the submitting agency's accounting department and must be signed by the person responsible for payment before processing can begin. Private clients must submit payment in FULL before testing will begin.

Agency / Individual Paying for the case _____

Complete Address _____

Purchase Order # _____ Name of person invoice needs to be addressed to: _____

Telephone # _____ Fax # _____ E-mail _____

This case will be paid for in: **Cash (hand delivery only)** **Credit / Debit Card** **Check**

Amount Enclosed: _____ Credit Card # _____ (Visa, MasterCard, Discover) Exp. Date _____

Check Number _____

11. Turnaround Time - Check one of the following:

- Normal Processing (Based on the number of samples submitted)
- 5-business day rush processing (\$1000 extra per DNA sample; \$250 extra per screening sample)
- 10-business day rush processing (\$500 extra per DNA sample; \$125 extra per screening sample)
- 15-business day rush processing (\$250 extra per DNA sample; \$60 extra per screening sample)
- 20-business day rush processing (\$125 extra per DNA sample; \$30 extra per screening sample)

12. Authorization – For Private Clients ONLY

By signing below, you agree to the following:

I certify that the financial information submitted in sections 10 and 11 above is correct and I understand and agree to all the information stated in F-PROT-43, the Statement of Financial Responsibility. I understand that as the client, I or an authorized representative of myself is responsible for the payment of this case. If the "individual paying for the case" in section 10 above is different from my name listed in this section below, I authorize the individual listed in section 10 to pay any and all fees for performing work on this case. I understand that all fees for testing must be paid by private clients in full prior to testing.

Printed Name _____ Signature _____ Date _____

13. Authorization – For Government and Private Businesses ONLY

By signing below, you agree to the following:

I certify that the financial information submitted in sections 10 and 11 above is correct and I understand and agree to all the information stated in F-PROT-43, the Statement of Financial Responsibility. I understand that as an authorized financial representative of the agency stated in section 3 of this form, I am responsible for the payment of this case. I understand that laboratory work and results reporting may be delayed on my case if payment has not been made in full prior to the start of case work.

Name of Financial Representative _____ Signature _____ Date _____

Title _____ Agency Represented _____

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DNA REFERENCE LABORATORY, Inc
STATEMENT OF FINANCIAL RESPONSIBILITY

F-PROT-43
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Must be signed by the individual(s) financially responsible for payment before testing can proceed

Version: 1
 Created: 10/6/09
 Last Revised: 10/6/09

This agreement contains the terms and conditions that apply to services by customers from the DNA REFERENCE LAB entity named on the invoice (DNA REFERENCE LAB Inc., DRL) that will be provided to you (customer) on request for services for DNA analysis and/or related products and/or services and support sold by the DNA REFERENCE LAB, Inc worldwide. By submitting samples for analysis in support described in said invoice, customer agrees to be bound by and accepts these terms and conditions. These terms and conditions apply i. Unless the customer has signed a separate service agreement with the DNA REFERENCE LAB, in which case the separate agreement shall govern; or ii. Unless other DNA REFERENCE LAB standard terms apply to the transaction. These terms and conditions are subject to change without prior written notice at any time, in the DNA REFERENCE LAB's sole discretion. This agreement and any sales there under shall be governed by the laws of state of Texas without regard to the conflicts of laws and rules.

Other than as specifically provided in any separate formal purchase agreement between the customer and the DNA REFERENCE LAB, these terms and conditions may NOT be altered, supplemented, or amended by the use of any other document(s). Any attempt to alter, supplement or amend this document or to enter and order for service which is subject to additional or altered terms and conditions will be null and void, unless otherwise agreed to in a written agreement signed by both customer and the DNA REFERENCE LAB.

Payment terms, orders, quotes and interest.

Terms of payments are within the DNA REFERENCE LAB's sole discretion, and unless otherwise agreed to by the DNA REFERENCE LAB, payment must be received by the DNA REFERENCE LAB prior to the release of results. Payment for products and services and support may be made by credit card, wire transfer, or some other prearranged payment method unless DNA REFERENCE LAB has agreed to the credit terms. Invoices are due and payable within the time period noted on the invoice as measured from the date of the invoice. Customers agree to pay interest on all past due sums at the highest rate allowed by law.

Professional fees, shipping/handling and tax charges

Separate charges for professional fees at a rate of \$275 per hour per professional employee involved, shipping and handling and taxes will be shown on the invoice (s). Customer is responsible for any of these charges as they are billed.

Warranties

There are no warranties for services. DRL makes no express warranties except those stated in DRL's applicable warranty statement in effect on the date of the invoice. Any such warrant will be effective and DRL will be obligated to honor only upon DRL's receipt of payment in full for the item to be warranted.

Limitation of Liability

DRL does not accept liability beyond the remedies set forth herein, including any liability for services or support not being available or for delays in result reporting or result specificity or the provision. DRL will not be liable for lost profits, loss of business or other consequential, special, indirect, or punitive damages, even if advised of the possibility of such damages, or of any claim by any third party except as expressly provided herein. Customer agrees that for any liability related to the purchase of services DRL is not liable or responsible for any amount of damages above the aggregate dollar amount paid by customer for the purchase of products or services under this agreement.

Cancellation / Refund Policy

If at any time the customer wishes to cancel services with the DNA REFERENCE LAB, for any reason, the customer understands that the services or support provided by the DNA REFERENCE LAB prior to the date of cancellation are the financial responsibility of the customer. The customer is responsible for the payment of all services or support rendered prior to cancellation, including mail, telephone, professional, resource, supply, and other expenses incurred by the DNA REFERENCE LAB prior to cancellation. The customer, by signing this statement acknowledges and understands that refunds will not be issued by the DNA REFERENCE LAB for services or support already performed prior to cancellation. Any services or support paid for by the customer prior to the time of cancellation that were not provided by the DNA REFERENCE LAB prior to the time of cancellation will be refunded to the customer.

We the undersigned understand and agree to the terms and conditions outlined within this statement of financial responsibility. If not signing this form, I recognize that the DNA REFERENCE LAB has no obligation to provide me any services or support.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

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