THIS FORM MUST BE COMPLETED BEFORE CASE PROCESSING CAN BEGIN

Case Information

Please Check One: ❑ New Case ❑ Additional Submission- Case Number: _____
Submitted Date:_____
Offense:_____ Offense Date:_____

Type	Name (Last, First Middle)	Gender	Race	DOB (mm/dd/yy)	State

Submitting Agency Information

Please Check One: ❑ Government/Law Enforcement Agency ❑ Private Individual / Company (pre-payment required)

Contact Name: _____ Agency Reference Case Number:_____

Name of Submitting Agency:_____

Telephone #:_____ e-mail:_____

Address: _____

Chain of Custody

Released By:_____ _____ _____
Printed Name Signature Date & Time Released

Shipped By: _____ _____
Courier Tracking Number

Received By: _____ _____ _____
(For DRL Use Only) Printed Name Signature Date & Time Released

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Item Submission

(Contents of package and type of analysis requested must be known before exterior packaging is opened). Please complete this form listing every item that will be included in package(s) to be sent to the DNA Reference Laboratory, including the number of the package if multiple packages are to be sent. Clearly list the type of analysis requested for each sample.

Agency Item #	Description of Sample	Origin	Analysis Requested

Number of Packages: _____

Have any of these items been tested before? ❒ **YES** ❒ **NO**

Which ones? _____

Case History

Please provide us a brief case history in the space below and attach any relevant case history information.

_____

_____

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FORENSIC CASE INFORMATION FORM

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

Forensic Paternity or Kinship

Forensic paternity or kinship analysis requested? ❒ YES ❒ NO

Describe alleged relationship to be evaluated:_____

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 ñAddressò is selected above, provide complete STREET address ï (Reports will NOT be sent to P.O. Boxes)

_____

_____

Telephone # _____ Fax # (if ñFaxò selected above) _____
e-mail (if ñe-mailò selected above) _____

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 _____

Turnaround Time

Please 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)

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