



Case Submission Form

Client Name: _____

Client Case #: _____

DLI Lab #: _____
(For DLI use only)

Victim(s): _____

Submission Date: _____

Suspect(s): _____

Offense: _____

Please check one of the following:

Original Evidence Submission

Re-submission (if evidence is to be analyzed for an existing DLI case)

Please check one of the following:

Normal Processing

Rush Processing (additional fees may apply - contact the lab for pricing)

Authorized Point(s) of Contact	<u>Primary Contact</u>	<u>Secondary Contact</u>
	Name: Title: Telephone #: Cell phone #: E-mail: Fax #:	
Agency: Address: Address: City/State/Zip:		

Case Authorization	<i>I hereby certify that the information provided above on this Case Submission Form is accurate to the best of my knowledge and understand that DLI will only communicate information pertaining to this case to the authorized contacts listed above. I also understand that I will be charged for services according to the fee schedule that I have received.</i>
	Signature: _____ Print Name: _____



Case Description and Background (Please attach any relevant documents+)

Date of Offense:
Description:

DNA Testing Needs (Please describe your objective and the DNA test(s) requested: mini-STR, Y-STR and/or STR. For Contact/Touch DNA testing, please indicate the area(s) to be swabbed.) Requesting CODIS upload? Yes No N/A



Please list each submitted item of evidence below

Agency Item #	Description of Item	Analysis Request(s)			May We Consume the Sample?*	
		Body fluid/Ownership/Contact			Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list each submitted reference standard below

Agency Item #	Description of Item	Date of Birth (MM/DD/YYYY)	May We Consume the Sample?*	
			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

*If you are not sure, check No, and we will contact you later for permission if we need to consume the entire sample.

EVIDENCE RECEIPT

From:	To:	Reason:	Date:

<p>Return evidence to the same address as Point of Contact on page 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If <u>No</u>, enter return address in the section provided on page 4.</p>



Billing Contact and Address (if different from the POC on page 1)

Name and Title:	
Telephone #:	Cell #:
E-mail:	Fax #:
Agency:	
Address:	
Address:	
City/State/Zip:	

Evidence Return Information

Name:
Agency:
Address:
Address:
City/State/Zip:

Method of Shipment

Courier	Courier Account #
<input type="checkbox"/> FedEx <input type="checkbox"/> UPS <input type="checkbox"/> US Postal Service <input type="checkbox"/> Other:	

Please submit a completed form with the evidence. All evidence items should be shipped to the address below via delivery that requires signature receipt. If evidence items are perishable, please ensure that the evidence is sent on dry ice. All evidence items must be properly sealed and labeled.

Send to: **DNA Labs International**
ATTN: Case Evidence
240 SW Natura Avenue
Deerfield Beach, FL 33441
 954.426.5163