



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)

48-Hours One Week Two Weeks

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 reference standard below.

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

Please list each submitted item of evidence below.

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

*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:

Return evidence to the same address as Point of Contact on page 1? Yes No
If No, enter return address in the section provided on page 4.



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
260 SW Natura Avenue, 2nd Floor
Deerfield Beach, FL 33441
 954.426.5163