

# **Case Submission Form**

	Client Name:			
	Client Case #:			DLI Lab #:
	Victim(s):			(For DLI use only)  Submission Date:
	Suspect(s):			Offense:
		e of the following:	Re-submission (if	evidence is to be analyzed for an existing DLI case)
	Please check one  Normal Pro	e of the following: occssing	_	(additional fees may apply - contact the lab for pricing) One Week  Two Weeks
		<u>Primary</u>	Contact	Secondary Contact
Authorized Point(s) of Contact	Name:			
	Title:			
	Telephone #:			
	Cell phone #:			
	E-mail:			
	Fax #:			
	Agency:			
	Address:			
	Address:			
	City/State/Zip:			
norization	I hereby certify knowledge and to contacts listed a have received.	understand that DLI will	only communicate info	se Submission Form is accurate to the best of my ormation pertaining to this case to the authorized for services according to the fee schedule that I
Case Authorization	Signature:			
	Print Name:			
AD	ning Authority: Tec M Form 15 e of Issue: 02/11/20			Client Case #: DLI Case #:
	e of Issue: 02/11/20 sion: 1.16	UZZ		All Printed Copies and Electronic Copies of this Document



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

Date of Offense:
Description:
Description.
DNA Testing Needs (Please describe your objective and the DNA test(s) requested: 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
Lontact/Touch DNA testing, please indicate the area(s) to be swabbed.) Requesting CODIS upload? Yes No NA
Lontact/Touch DNA testing, please indicate the area(s) to be swabbed.) Requesting CODIS upload? Yes No NA
Contact/ Touch DNA testing, please indicate the area(s) to be swabbed.) Requesting CODIS upload? Yes No NA
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Contact/ Touch DNA testing, please indicate the area(s) to be swabbed.) Requesting CODIS upload?  Yes  No  NA
Contact/ Touch DNA testing, please indicate the area(s) to be swabbed.) Requesting CODIS upload?  Yes  No  NA
Contact/Touch DNA testing, please indicate the area(s) to be swabbed.) Requesting CODIS upload?   Yes   No   N/A
Contact/Touch DNA testing, please indicate the area(s) to be swabbed.) Requesting CODIS upload? Yes No NA
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Contact/Touch DNA testing, please indicate the area(s) to be swabbed.) Requesting CODIS upload? Yes No NA
Contact/ Touch DNA testing, please indicate the area(s) to be swabbed.) Requesting CODIS upload?   Yes   No   N/A
Contact/Touch DNA testing, please indicate the area(s) to be swabbed.) Requesting CODIS upload? Test No NA
Contact/1 ouch DNA testing, please indicate the area(s) to be swabbed.) Requesting CODIS upload / Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Contact Louen DNA testing, please indicate the area(s) to be swabbed.) Requesting CODIS upload? Yes No NA
Contact/Touch DNA testing, please indicate the area(s) to be swabbed.) Requesting CODIS upload? Yes No N/A

Issuing Authority: Technical Leader

ADM Form 15

Date of Issue: 02/11/2022

Version: 1.16

Client Case #:

DLI Case #:



#### 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

## Please list each submitted item of evidence below.

Agency Item #	Description of Item	Analysis Request(s)	May We Consume
rigency Item #	Description of Item	Body fluid/Ownership/Contact	the Sample?*
			☐Yes ☐No
			Yes No

<sup>\*</sup>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**

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

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DLI Case #: \_\_\_\_\_



Version: 1.16

<b>Billing Contact and Address</b>	(if different from the POC on page 1)
Name and Title:	
Telephone #:	Cell #:
E-mail:	
Agency:	
Address:	
Address:	
City/State/Zip:	
Evidence Return Information	1
Name:	
Agency:	
Address:	
Telephone:	
E-mail:	
City/State/Zip:	
Method of Shipment	
Courier	Courier Account #
FedEx	
UPS	
Other:	
delivery that requires signature	n with the evidence. All evidence items should be shipped to the address below vereceipt. If evidence items are perishable, please ensure that the evidence is sent east be properly sealed and labeled.  DNA Labs International ATTN: Case Evidence 700 W Hillsboro Blvd, Bldg. 3 Deerfield Beach, FL 33441 954.426.5163
Issuing Authority: Technical Leader ADM Form 15 Date of Issue: 02/11/2022	Client Case #: DLI Case #: