



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: 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



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

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

Evidence Return Information

| |
|-----------------|
| Name: |
| Agency: |
| Address: |
| Telephone: |
| E-mail: |
| City/State/Zip: |

Method of Shipment

| Courier | Courier Account # |
|---------------------------------|-------------------|
| <input type="checkbox"/> FedEx | |
| <input type="checkbox"/> UPS | |
| <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
700 W Hillsboro Blvd, Bldg. 3
Deerfield Beach, FL 33441
 954.426.5163