

Version: 1.18

# **Case Submission Form**

	Client Name:						
	Client Case #:			DLI La	DLI Lab #:		
	Victim(s): Suspect(s):			Submis	(For DLI use only)  Submission Date:  Offense:		
				Offens			
		e of the following: vidence Submission	Re-submis	sion (if evidence	is to be analyzed for an existing DLI case)		
	Please check one	e of the following:					
	Normal Pro	ocessing	Rush Proc 48-Hours	essing (additional	fees may apply - contact the lab for pricing)  Two Weeks Three Weeks		
		Primary	Contact		Secondary Contact		
	Name:						
act	Title:						
Cont	Telephone #:						
) of (	Cell phone #:						
Authorized Point(s) of Contact	E-mail:						
	Fax #:						
orize	Agency:			,			
\uth	Address:						
	Address:						
	City/State/Zip:						
Case Authorization	I hereby certify knowledge and a contacts listed a have received.	understand that DLI will o	only communica	ite information	ssion Form is accurate to the best of my pertaining to this case to the authorized ces according to the fee schedule that I		
Aut	Signature:						
Case	Print Name:						
	ning Authority: Tec M Form 15	hnical Leader			Client Case #:		
	Date of Issue: 04/03/2025				DLI Case #:		

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# 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

Issuing Authority: Technical Leader

ADM Form 15

Date of Issue: 04/03/2025

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



### Please list each submitted reference standard below.

Agency Item #	Description of Item	Date of Birth (MM/DD/YYYY)

### Please list each submitted item of evidence below.

Agency Item #	Description of Item

## **EVIDENCE RECEIPT**

From:	To:	Reason:	Date:

Issuing Authority: Technical Leader

ADM Form 15

Date of Issue: 04/03/2025

Version: 1.18

Client Case #: \_\_\_\_\_\_

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



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<b>Billing Contact and Address</b>	(if different from the Point of Contact on page 1)
Name and Title:	
Telephone #:	Cell #:
E-mail:	
Agency:	
Address:	
Address:	
City/State/Zip:	
Evidence Return Information	(if different from the Point of Contact on page 1)
Name:	
Agency:	
Address:	
City/State/Zip:	
Telephone:	
E-mail:	
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 receipt. If evidence items are perishable, please ensure that the evidence is senset 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	Client Case #:
Date of Issue: 04/03/2025	DLI Case #: