FORENSIC CASE SUBMISSION FORM – PRIVATE CASE

CASE INFORMATION		
☐ New case ☐ Additional submission	DNA File No: _____	Submitter File No: _____ Cross Ref. File No: _____

SUBMITTER INFORMATION		REPORT RECIPIENT (leave blank if same as Submitter)	
Name:		Name:	
Agency:		Agency:	
Address:		Address:	
City:		City:	
Province:	Postal Code:	Province:	Postal Code:
Phone:	Fax:	Phone:	Fax:
Email:		Email:	

REPORT TO BE PROVIDED VIA	☐ Email	☐ Fax	☐ Verbal only (no written report)

REQUESTED TURN AROUND TIME (TAT)

☐ Standard TAT (20 business days)

RUSH SERVICES: ☐ 15 business days ☐ 10 business days ☐ 5 business days ☐ 3 business days

Note: Anything less than the standard TAT (20 business days) is considered a RUSH service and cannot be guaranteed without confirmation. Please contact the laboratory at 1-844-DNA-LAB4 (1-844-362-5224) for RUSH service availability & associated fees.

BILLING/PAYMENT INFORMATION

Please contact the laboratory at 1-844-DNA-LAB4 (1-844-362-5224) for pricing. If you prefer not to submit payment information on this form, please contact one of our Scientists. We will not begin any testing until payment has been arranged.

☐ Credit Card ☐ Invoice Submitter ☐ Invoice Report Recipient
☐ Other Recipient: _____

Payment by Credit Card: Select one: ☐ Visa ☐ Mastercard ☐ American Express
Credit card #: _____ Expiry (MM/YY): _____
Name on Card: _____ 3 Digit Authorization code: _____
Billing Address: _____
or ☐ Same address as Submitter ☐ Same address as Report Recipient

RETURN DISPOSITION (as applicable)

Evidence (and Subsamples): ☐ Return ☐ Discard	DNA Extracts: ☐ Return ☐ Discard
Return Destination: ☐ same as Submitter address (if different, please complete fields below)	
Attention to:	Agency:
Mailing Address:	

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CASE FILE INFORMATION

DNA File No: _____ Submitter File No: _____

CASE SUMMARY

As applicable, please provide a brief case history along with the purpose of testing. You may also include any special testing requirements, or evidence priority requests. Alternatively, you may provide a C-414 with a synopsis.

PERMISSION TO MARK, CUT OR ALTER EVIDENCE DURING PROCESSING (as applicable)

During processing, it may be required to mark, cut or alter the submitted evidence. Please indicate permission below:

☐ Permission granted ☐ Permission NOT granted (to mark, cut or alter evidence for processing purposes)

If permission is NOT granted, this may impact whether or not the evidence submission will be accepted. Please contact the laboratory at 1-844-DNA-LAB4 (1-844-362-5224) and consult with one of our Scientists.

SUBMITTER AUTHORIZATION

Name: _____

Signature: _____

Date: _____

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Complete OPTION 1 for RELATIONSHIP TESTING

or OPTION 2 for FORENSIC TESTING

The DNA LAB

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CASE FILE INFORMATION

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OPTION 1: RELATIONSHIP TESTING EVIDENCE INVENTORY

Evidence # *(the lab will designate a # if not provided)*	**Description** *i.e. Bone, blood on FTA card, buccal swab, tooth, muscle*	**Donor Source** *i.e. Putative Mother, Deceased, Child, Putative Sibling*	**Relationship Testing Requested** *i.e. Maternity, Paternity, full sibship*	**Donor's Ethnicity** **Select one of the options provided below** for statistical calculations only

Ethnicity options: Caucasian, African American, Aboriginal, Oriental, East Indian or Hispanic. Select the "**best**" option.
Do not provide an alternative to the options provided above. If ethnicity is not provided, Caucasian will be used as the default.

OPTION 2: FORENSIC TESTING EVIDENCE INVENTORY

Evidence # *(the lab will designate a # if not provided)*	**Description**	**Source** *(where evidence originated) i.e. scene, victim, suspect*	**Item Examination Requested** ***(Search for hairs, if applicable, is included in all examinations)***		**DNA Analysis Requested**
			Body Fluid Testing: ☐ Blood ☐ Semen ☐ Saliva ☐ N/A	**Sampling Request(s):** ☐ Wearer or handler ☐ _____	☐ Autosomal STR ☐ Y-STRs (male specific) ☐ No DNA analysis
			Body Fluid Testing: ☐ Blood ☐ Semen ☐ Saliva ☐ N/A	**Sampling Request(s):** ☐ Wearer or handler ☐ _____	☐ Autosomal STR ☐ Y-STRs (male specific) ☐ No DNA analysis
			Body Fluid Testing: ☐ Blood ☐ Semen ☐ Saliva ☐ N/A	**Sampling Request(s):** ☐ Wearer or handler ☐ _____	☐ Autosomal STR ☐ Y-STRs (male specific) ☐ No DNA analysis
			Body Fluid Testing: ☐ Blood ☐ Semen ☐ Saliva ☐ N/A	**Sampling Request(s):** ☐ Wearer or handler ☐ _____	☐ Autosomal STR ☐ Y-STRs (male specific) ☐ No DNA analysis
			Body Fluid Testing: ☐ Blood ☐ Semen ☐ Saliva ☐ N/A	**Sampling Request(s):** ☐ Wearer or handler ☐ _____	☐ Autosomal STR ☐ Y-STRs (male specific) ☐ No DNA analysis
			Body Fluid Testing: ☐ Blood ☐ Semen ☐ Saliva ☐ N/A	**Sampling Request(s):** ☐ Wearer or handler ☐ _____	☐ Autosomal STR ☐ Y-STRs (male specific) ☐ No DNA analysis
			Body Fluid Testing: ☐ Blood ☐ Semen ☐ Saliva ☐ N/A	**Sampling Request(s):** ☐ Wearer or handler ☐ _____	☐ Autosomal STR ☐ Y-STRs (male specific) ☐ No DNA analysis
			Body Fluid Testing: ☐ Blood ☐ Semen ☐ Saliva ☐ N/A	**Sampling Request(s):** ☐ Wearer or handler ☐ _____	☐ Autosomal STR ☐ Y-STRs (male specific) ☐ No DNA analysis