

TEXAS MISSING PERSONS PROGRAM

University of North Texas Center for Human Identification, 3400 Camp Bowie, Fort Worth, TX 76107
1-800-763-3147, www.untchi.org

Unidentified Living Person Submission Form

Instructions: Complete each section as applicable (shaded areas will be completed by UNTCHI).
Note: Sections **1, 3, 4, 5, 7** and **8** are required for submission. Omission of required information will cause a delay in processing.

UNTCHI Case No.

1. INVESTIGATING AGENCY

Agency: _____ Agency Case No: _____
 Address: _____
 _____ NamUs MP No: _____

 Contact Name: _____ Phone No: _____
 Contact Email: _____ Fax No: _____

2. COURTESY COLLECTING AGENCY Complete this section if the collecting agency is different from above

Agency: _____ Agency Case No: _____
 Address: _____

 Contact Name: _____ Phone No: _____
 Contact Email: _____ Fax No: _____

3. EVIDENCE SUBMITTED

UNTCHI SAMPLE NO.	SAMPLE TYPE	DONOR INFORMATION	SAMPLE COLLECTED BY
	<input type="checkbox"/> Oral <input type="checkbox"/> Blood	Is ID of Donor Known? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____ Name of Donor	Collector _____ Date of Collection _____

Is this reference sample associated with another case submitted to UNTCHI? Yes, UNTCHI Case No: _____
 No
 Is CODIS entry of donor sample being requested? Yes No

4. CHAIN OF CUSTODY

Released by: _____
Signature Printed Name Date & Time Released

Shipped by: _____
Shipping Company Tracking Number

Received by: _____
Signature Printed Name Date & Time Received
(For UNTCHI Use Only)

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5. SAMPLE DONOR INFORMATION

Name of Sample Donor: _____

Unknown Sample Donor ID

_____ Last _____ First _____ Middle _____

Donor's Date of Birth: _____ City and State of Birth: _____

Race: African-American Hispanic

Sex of Donor: Female Male

Asian Native American

Eye Color: _____

Caucasian Other (specify) _____

Hair Color: _____

6. CASE DETAILS Basis for assumption of alleged ID of donor (please include alleged ID of Donor if applicable)

Alleged ID of Donor: _____

7. DONOR CONSENT/CONSENTIMIENTO DEL DONANTE

I freely and voluntarily consent to provide my sample(s) for DNA analysis, entry and searching the Combined DNA Index System (CODIS) database, maintained by the FBI under authority of Title 34, United States Code, Section 12592.

Libre y voluntariamente consiento que se procese mi(s) muestra(s) con el objetivo de realizar análisis de ADN e entradas y búsquedas de perfiles en la base de datos Combined DNA Index System (CODIS) que se mantiene por el FBI según autoridad conferida por el Título 34, del Código de Estados Unidos, en la Sección 12592.

I understand that the information I have provided is protected by the Privacy Act notices for the National DNA Index System and the FBI's Central Records System as most recently published in the Federal Register. I also understand that my sample(s) will be destroyed and my DNA profile will be removed from the CODIS database if the missing person is positively identified.

Comprendo que la información que proveo es de carácter confidencial y protegida por la notificación del Acta de Privacidad del National DNA Index System (NDIS) y el Central Records System del FBI, conforme con lo publicado recientemente en el Registro Federal. Además entiendo que mi(s) muestra(s) será destruida y mi perfil de ADN eliminado de la base de datos CODIS tan pronto como los objetivos de la identificación positiva de mi familiar desaparecido se alcance.

I authorize the appropriate law enforcement agent listed below to collect this sample(s) for the sole purpose of identifying the missing person. I have witnessed my sample(s) being collected, and a label with my name has been attached to each sample(s). The sample(s) were then placed in the sample collection pouch and sealed.

Autorizo al agente del orden público consignado en este documento que tome mi(s) muestra(s), con el objetivo de realizar la identificación de mi familiar desaparecido. Yo he sido testigo de que mi(s) muestra(s) se tomó e etiquetó con mi nombre. Además la(s) muestra(s) se colocó dentro del sobre de toma de muestras y se selló.

X _____ Date: _____

Signature of Donor or Legal Guardian

X _____ Date: _____

Firma del Donante o Tutor Legal

8. TO BE COMPLETED BY COLLECTOR

I, on the date of _____ at _____ : _____ a.m./p.m. verified the identity of the individual who is providing the DNA sample. I collected a DNA sample(s) from this individual, attached a label with the donor's name to each sample(s), placed and sealed them in a sample collection pouch.

Law Enforcement Agent collecting DNA samples:

Print Name: _____

Signature: _____

9. SHIPPING AND CONTACT INFORMATION

Submit this form with the sample. Evidence items must be shipped using a carrier which can track the shipment (FedEx, UPS, DHL, etc). Overnight shipping is recommended and biodegradable samples must be packaged appropriately. For shipping questions or assistance with this form, contact Evidence Control at (800) 763-3147 or missingpersons@unthsc.edu.

Shipping Address:

University of North Texas Center for Human Identification
Dept. of Forensic and Investigative Genetics, CBH 6th Floor
3400 Camp Bowie Blvd.
Fort Worth, TX 76107

UNTCHI Case No.