

**TEXAS MISSING PERSONS PROGRAM**  
 University of North Texas Center for Human Identification, 3500 Camp Bowie, Fort Worth, TX 76107  
 1-800-763-3147, <https://www.unthsc.edu/center-for-human-identification>

**Direct Reference Sample Submission Form**

**Instructions:** Complete each section as applicable (shaded areas will be completed by UNTCHI).  
**Note:** Sections 1, 3, 4 and 5 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: \_\_\_\_\_ NCIC No: \_\_\_\_\_  
 \_\_\_\_\_ NamUs MP No: \_\_\_\_\_  
 \_\_\_\_\_ NamUs UP 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** Attach additional paperwork if needed

UNTCHI SAMPLE NO.	ITEM NO.	QUANTITY	DESCRIPTION

Additional paperwork attached

Is this direct reference sample associated with a set of unidentified human remains submitted to UNTCHI?  Yes  No  
 If yes, provide agency name and case number: \_\_\_\_\_

**4. CHAIN OF CUSTODY**

Released by: \_\_\_\_\_  
Signature Printed Name Date & Time Released

Shipped by: \_\_\_\_\_  
Shipping Company Tracking Number

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

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## Direct Reference Sample Submission Form

### 5. MISSING PERSON INFORMATION

Name of Missing Person: \_\_\_\_\_  
Last First Middle

Missing Person's Date of Birth: \_\_\_\_\_ Age When Missing: \_\_\_\_\_ Sex of Missing Person:  Female  Male

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Approx. Weight: \_\_\_\_\_ Approx. Height: \_\_\_\_\_

Date of Last Contact: \_\_\_\_\_ City/County and State of Last Contact: \_\_\_\_\_

Are Dental Records Available?  Yes  No

Race:  African-American

Asian

Caucasian

Hispanic

Native American

Other (specify) \_\_\_\_\_

Physical Identifiers (scars, marks, tattoos, medical devices):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the missing person adopted?  Yes  No

Are family reference samples being submitted at the same time?  Yes  No

**NOTE:** Family reference samples should be packaged separately and submitted with the appropriate submission form.

### 6. ADDITIONAL INFORMATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 7. IMPORTANT SAMPLE SUBMISSION INFORMATION

The following sample types are acceptable as direct references: toothbrush, dentures, medically obtained tissue or biopsies mounted on slides or embedded in paraffin, and baby teeth. All other sample types are approved by the Technical Leader on a case-by-case basis. Contact the Technical Leader at (817) 735-2749 to discuss the acceptability of other sample types.

### 8. 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](mailto:missingpersons@unthsc.edu).

Shipping Address: University of North Texas Center for Human Identification  
Attn: Evidence Specialists, CBH 6th Floor  
3500 Camp Bowie Blvd.  
Fort Worth, TX 76107

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