

# Center for Human Identification - Missing Persons

3400 Camp Bowie, Fort Worth, TX 76107  
1-800-763-3147, [www.unthsc.edu/center-for-human-identification](http://www.unthsc.edu/center-for-human-identification)

## Family Reference Sample Submission Form

**Instructions:** Complete each section as applicable (shaded areas will be completed by CHI).  
**Note:** Sections 1 and 3-10 are required for submission. Omission of required information will cause a delay in processing.

CHI Case No. \_\_\_\_\_

### 1. INVESTIGATING AGENCY

Agency: \_\_\_\_\_ Agency Case No: \_\_\_\_\_  
Address: \_\_\_\_\_ NCIC No: \_\_\_\_\_  
\_\_\_\_\_ 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 Please submit one form per reference donor

CHI SAMPLE NO.	SAMPLE TYPE	DONOR INFORMATION	SAMPLE COLLECTED BY
	<input type="checkbox"/> Oral <input type="checkbox"/> Blood <input type="checkbox"/> Other	_____ Name of Donor	_____ Collector  _____ Date of Collection
Is this reference sample associated with another case submitted to CHI?			<input type="checkbox"/> Yes, CHI Case No: _____ <input type="checkbox"/> 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 CHI Use Only)

See the CHI Shipping Guides for shipping instructions, <https://www.unthsc.edu/center-for-human-identification/sample-submission/>

If utilizing the CHI DNA family reference collection kit, each kit contains a prepaid mailer for shipping and is addressed:

NATIONAL MISSING PERSONS PROGRAM  
UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER  
3500 Camp Bowie Blvd.  
Fort Worth, TX 76107-9964

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### 5. MISSING PERSON INFORMATION

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

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

Race:  African-American  Hispanic  
 Asian  Native American  
 Caucasian  Other (specify) \_\_\_\_\_

### 6. DONOR INFORMATION

DNA Sample Provided By: \_\_\_\_\_  
First Middle Last

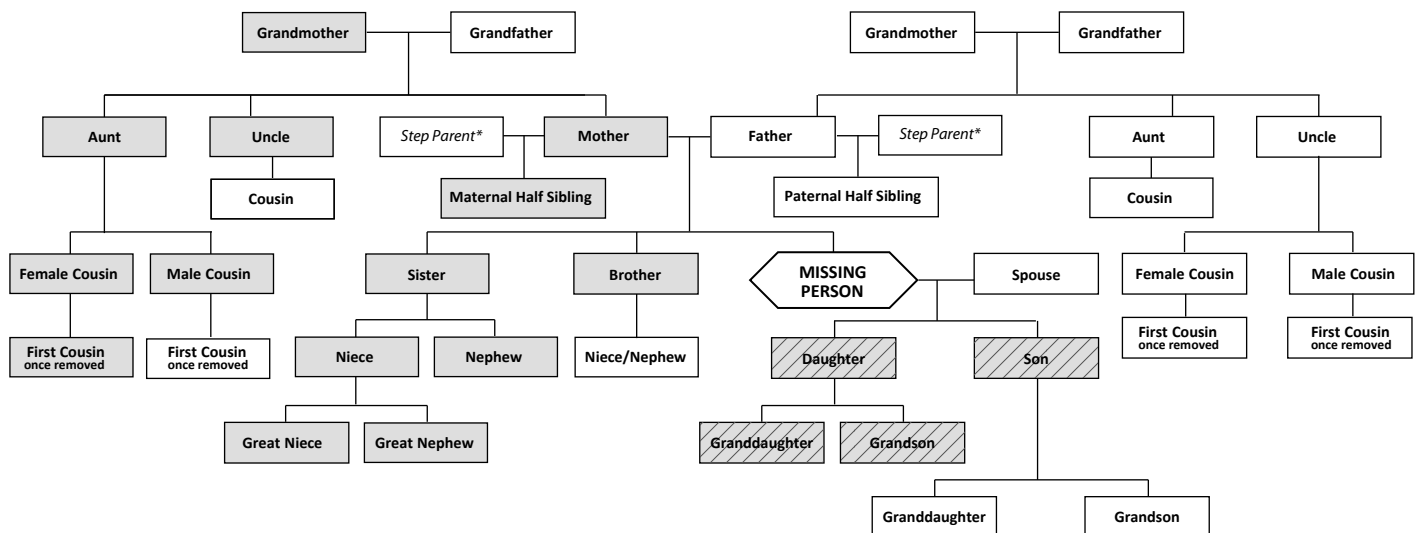
Contact Info: \_\_\_\_\_  
Street City State Phone

Date of Birth: \_\_\_\_\_ Race:  African-American  Hispanic

Sex of Donor:  Female  Male  Asian  Native American  
 Caucasian  Other (specify) \_\_\_\_\_

Relationship of Donor to Missing Person: \_\_\_\_\_  Maternally Related  Paternally Related

### 7. CIRCLE BOX INDICATING RELATIONSHIP TO MISSING PERSON



**Please submit at least one maternal relative.**  
*\*Step parents are not appropriate for submission.*

These boxes represent a maternal relative.

These boxes represent a maternal relative if the missing person is female.

**Note:** The most useful family reference DNA samples are from close blood relatives such as the missing person's biological mother, father, children, brothers or sisters. We encourage two or more family reference samples to be collected.

If you have any questions regarding the selection of family members for reference sampling, please call (800) 763-3147.

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## Donor Consent/Consentimiento Del Donante

### 8. DONOR CONSENT/CONSENTIMIENTO DEL DONANTE

#### Name of Missing Person/Nombre de la Persona Desaparecida:

\_\_\_\_\_

First/Nombre

Middle/Segundo Nombre

Last/Apellido

#### Name of Donor/Nombre del Donante:

\_\_\_\_\_

First/Nombre

Middle/Segundo Nombre

Last/Apellido

#### Relationship of Donor to Missing Person/Relación del Donante a la Persona Desaparecida:

\_\_\_\_\_

Relationship/Relación

I understand that the answers provided on this form are correct to the best of my knowledge. I fully understand that my answers are critical to the process of identifying my missing family member.

Entiendo que las respuestas proporcionadas en este formulario son correctas según mi leal saber y entender. Comprendo que la información proporcionada es crítica en el procedimiento de identificación de mi familiar desaparecido.

I freely and voluntarily consent to provide my sample(s) for DNA analysis, entry into the Relatives of Missing Persons Index of the Combined DNA Index System (CODIS), and searching against the Unidentified Persons Index of CODIS. CODIS is 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) utilizando los Índices de los Familiares y No Identificados. CODIS 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 my family member 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 understand that I am not required or obligated to provide a DNA sample, and that my consent to have a DNA sample taken is knowingly and voluntarily made.

Entiendo que no se me requiere ni se me obliga proporcionar una(s) muestra(s) de ADN y que consiento a la toma de mi muestra voluntariamente.

I authorize the appropriate law enforcement agent listed below to collect this sample(s) for the purpose of identifying my missing family member. 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.

#### Signature of Donor or Legal Guardian/Firma del Donante o Tutor Legal:

X \_\_\_\_\_ Date/Fecha: \_\_\_\_\_

### 9. 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 \_\_\_\_\_

CHI Case No.

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## 10. ATTESTATION: TO BE COMPLETED BY THE INVESTIGATING AGENCY

As an authorized representative of the submitting criminal justice agency above, I certify that I understand, agree, and accept the below terms, conditions, and restrictions relating to the processing of the requested items submitted for DNA analysis to CHI:

1. The information provided on this submission form is accurate to the best of my knowledge.
2. Any submitted items were obtained in accordance with all applicable federal and state laws.
3. If applicable, my agency has adhered to any grant provisions relating to the submitted items.
4. Shipping, delivery, or the coordination of shipping and delivery is solely the responsibility of my agency, regardless of whether the item is in my agency's possession, the possession of a third party laboratory, or some other agency.
5. Sample delivery and acceptance of samples for testing may be refused by CHI if those samples (a) were not previously approved for testing, if submitting from outside the state of Texas; (b) are received in a damaged condition; or (c) pose a health risk to CHI employees. Rejected samples are returned at the submitting agency's expense.
6. CHI releases case records in accordance with all laboratory policies and, specifically, its internal criteria (Policy 011 Case Records, Reporting, and Review).
7. CHI uses qualified analysts to determine which CODIS eligible technology or technologies are most appropriate for my agency's case based on the information provided.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

CHI Case No.