

Center for Human Identification

3 00 Camp Bowie, Fort Worth, Texas 76107
1-800-763-3147

CHI Case No. _____

Forensic Casework Evidence Submission Form

1. Case Information

Please Check One Box: New Case Additional Submission for CHI Case Number: _____

Offense: _____ Offense Date: _____ Suspect Unknown

Participant Type	Sex	Last Name	First Name	Date of Birth
<u>Victim or Suspect</u>	_____	_____	_____	_____
<u>Victim or Suspect</u>	_____	_____	_____	_____
<u>Victim or Suspect</u>	_____	_____	_____	_____
<u>Victim or Suspect</u>	_____	_____	_____	_____

2. Investigating Agency

Agency: _____ Agency Case No: _____

Address: _____ Phone: _____

_____ Fax: _____

_____ County: _____

Contact: _____ Email: _____

Detective: _____ Email: _____

3. Submitting Agency Complete this section if the submitting agency is different from above.

Agency: _____ Phone: _____

Contact: _____ Email: _____

4. Items Submitted ~~ffff, pppp, kkkk, hhh, tttt~~

Please note origin of sample as "crime scene", "victim", "suspect", "suspect's property" or "other".
Please note sample type as "possible blood", "possible semen", "possible saliva", "possible skin cells", "tissue", "hair", "known buccal", "known blood" or "other".

/Item	Item No.	Description	Origin	Sample Type

Evidence continued on additional page

Does evidence contain any liquid or wet samples and/or non-dried tissue samples? Yes No _____ Date _____ Initials

5. Chain of Custody

Released by: _____ Signature _____ Printed Name _____ Date & Time Released _____

Shipped by: _____ Courier _____ Tracking Number _____

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

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6. Case Synopsis Please provide a brief synopsis of the crime. Include details concerning the origin and probative value of the items submitted.

Continued on additional page

7. Test Request

Screen for Blood: _____

Screen for Semen: _____

Perform DNA Analysis: _____

Additional Instructions: _____

8. Forensic Paternity or Kinship

Forensic paternity or kinship analysis requested? Yes No

Describe alleged relationship to be evaluated: _____

9. Prior Testing Please submit copies of all prior serology, trace/hair and DNA reports.

Serology testing previously performed on submitted items? Yes No

DNA testing previously performed on submitted items or other items related to this case? Yes No

For mitochondrial DNA hair cases, has the hair been previously examined by a qualified hair examiner?

Yes No (Case cannot be accepted for testing.)

10. Evidence Return Shipping account number must be provided if agency will not retrieve evidence in person.

Agency will retrieve evidence in person

Return evidence via Shipping Carrier: _____ Account: _____

Return to Investigating Agency

Return to Submitting Agency _____
(If submitting agency enter address)