

ADVANCED GENOMICS LABORATORY
Candidate Sample & Case Review Form



**Center
for Advanced
Genomics™**

at Signature Science

Submitting Agency	Date	Work Order #	Quote #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

All laboratory services are governed by the attached Conditions of Sale and Additional Terms and Conditions

Case Numbers	
Submitting Agency Case #	<input type="text"/>
SigSci Case # (to be filled out by SigSci)	<input type="text"/>

PRIMARY CONTACT INFORMATION	This is the address where the report will be mailed
Name	<input type="text"/>
Agency	<input type="text"/>
Address	<input type="text"/>
City/State/Zip	<input type="text"/>
Phone	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>

Method of Payment	
<input type="checkbox"/> Account Sale	Account # <input type="text"/> PO # (Required) <input type="text"/>
<input type="checkbox"/> Credit Card Sale	Name <input type="text"/>
<input type="checkbox"/> VISA	Credit Card # <input type="text"/>
<input type="checkbox"/> MasterCard	Expiration <input type="text"/> Security Code <input type="text"/>
<input type="checkbox"/> Amex	Email <input type="text"/>

Billing Information	<input type="checkbox"/> Check if same as PRIMARY
Name	<input type="text"/>
Agency	<input type="text"/>
Address	<input type="text"/>
City/State/Zip	<input type="text"/>
Phone/Fax	<input type="text"/>
Email	<input type="text"/>

- Instructions**
- 1 Obtain a Work Order number (WO#) or quote by calling David Russell at (512) 583-2268 or by emailing sigsciagl@signaturescience.com.
 - 2 Complete this Case Submission Form and include the WO# where indicated below. This form must be filled out completely in order to process your case.
 - 3 Print the form and sign it to authorize work.
 - 4 Submit form along with the case file electronically via provided link with WO# email, or mail a copy (with completed form inside) to:

**SigSci Advanced
Genomics Laboratory**
**1670 Discovery Drive
Suite 110
Charlottesville, VA 22911**

Following case review, further instructions will be provided for sample submission.

**Download applicable
Terms & Conditions:**
www.signaturescience.com/terms-and-conditions

ADVANCED GENOMICS LABORATORY
Candidate Sample & Case Review Form



**Center
for Advanced
Genomics™**
 at Signature Science

Case Information	
Victim Name(s)	_____
Suspect Name(s)	_____
Offense	_____
Date of Offense	_____
Case Summary	_____

Notes

(1) A 'violent crime' means any homicide or sex crime, including a homicide investigation during which FGG is used in an attempt to identify the remains of a suspected homicide victim. It also includes other serious crimes and criminal offenses designated by a GG service for which investigative use of its service by law enforcement has been authorized by that service.

(2) A 'putative perpetrator' is one or more criminal actors reasonably believed by investigators to be the source of, or a contributor to, a forensic sample deposited during, or incident to, the commission of a crime.

(3) The term 'prosecutor' refers, as applicable, to the Assistant Attorney General, United States Attorney, state or local prosecuting attorney, or state attorney general (or his or her designee), with jurisdiction of either the crime under investigation or the location where the unidentified human remains were discovered (if different). When the Department of Justice and one or more state or local prosecuting authorities have concurrent jurisdiction of the crime(s) under investigation, the 'prosecutor' means the Assistant Attorney General, United States Attorney, or the state or local prosecuting official whose office will prosecute the case in the event that charges are filed

Documents	
Case type is appropriate for FGG analysis and upload <i>"Case involves an unsolved violent crime (1) and the candidate forensic sample is from a putative perpetrator (2) or when a case involves what is reasonably believed by investigators to be the unidentified remains of a suspected homicide victim ('unidentified human remains')"</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Document(s) showing that the profile from the candidate sample was uploaded into CODIS	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of upload (reference page in casefile/document)	
Date of last search (reference page in casefile/document)	
Lab generated profile matches CODIS profile	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electropherogram or genotype table present	<input type="checkbox"/> Yes <input type="checkbox"/> No
CODIS genotype table present	<input type="checkbox"/> Yes <input type="checkbox"/> No
Documentation that relevant case information has been entered into the National Missing and Unidentified Persons System ('NamUs') and the Violent Criminal Apprehension Program ('ViCAP') national database (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Documented consultation between the submitting agency and a dedicated lab official from CODIS	<input type="checkbox"/> Yes <input type="checkbox"/> No
Documented consultation between the submitting agency and the prosecutor (3)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Notes:	

ADVANCED GENOMICS LABORATORY
Candidate Sample & Case Review Form



**Center
for Advanced
Genomics™**
 at Signature Science

Evidence Information				
Evidence Items	Quant Data			Permission to Consume (If Necessary)
	Total* (µL)	Concentration* (ng/µL)	Degradation Index	
Item ID#:				<input type="checkbox"/> Yes
Description:				<input type="checkbox"/> No
Item ID#:				<input type="checkbox"/> Yes
Description:				<input type="checkbox"/> No
Item ID#:				<input type="checkbox"/> Yes
Description:				<input type="checkbox"/> No
Item ID#:				<input type="checkbox"/> Yes
Description:				<input type="checkbox"/> No

* Value required if the sample being considered is an extract.

Evidence Return Information	<input type="checkbox"/> Check if same as PRIMARY
Name	
Agency	
Address	
City/State/Zip	
Phone/Fax	
Email	

Authorized POC Information	<input type="checkbox"/> Check if same as PRIMARY
Name	
Agency	
Address	
City/State/Zip	
Phone/Fax	
Email	

I certify the information provided on this Case Submission Form is accurate to the best of my knowledge. I confirm that I authorize Signature Science to perform the above-requested work on the samples described on this form at the listed fees (plus tax, if applicable) and agree to the associated terms and conditions. Furthermore, I certify that I am a duly authorized representative of the Submitting Agency indicated above and have the authority to sign this on behalf of my agency and obligate it accordingly.

SIGNATURE _____

Printed Name _____

Title _____

Date _____