

General Case Submission Form

Submitting Agency

Agency Case #

Date

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

Case Information

Case Type New Case Supplemental Testing for Existing Case

If supplemental, list SigSci case # LSS

Defendant(s) _____

Elimination(s) _____

Victim(s) _____

Offense _____

Case Scenario

Include how the submitted items are associated with the case—attach additional pages, if necessary

Turn-Around Time Requested Standard

60 calendar days from receipt of evidence or PO — rolled forward if ending on a weekend or holiday

Rush Service

Subject to availability, additional charges apply:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 DAYS	15 DAYS	30 DAYS	45 DAYS
+100% Surcharge	+75% Surcharge	+50% Surcharge	+25% Surcharge

Point of Contact (Will Receive Report)

Name

Agency

Address

Phone

Email

Instructions

- 1 Complete this Case Submission Form.
- 2 Print the form and sign it to authorize the work.
- 3 Submit evidence (with the completed Case Submission Form inside) to:

SigSci Forensics
8501 N. Mopac Expressway
Suite 100
Austin, TX 78759

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

General Case Submission Form

Billing Information

Account Sale

Account # _____ PO # (If Required) _____

To obtain a credit account, contact LParke@signaturescience.com

Credit Card Sale

VISA

MasterCard

American Express

Name _____

Credit Card # _____

Expiration _____ Security Code _____

Email _____

Billing Address _____

Comments _____

Evidence Return

Return to Submitting Agency

Return to Other Agency

Agency _____

Name _____ Title _____

Address _____

Phone _____

Email _____

Comments _____

Destroy Evidence

Other Disposition (Describe)

General Case Submission Form

Evidence Information

Is CODIS Entry Requested?

Yes No

Amplification Kit Needed? *Additional directions for testing (if needed):*

GlobalFiler 24plex Yfiler Plus

Item #	Description of Item	Serology Screening Needed? (If Yes, Select Blood or Semen)	DNA Testing Needed?	Permission to Consume Sample (If Necessary)
		<input type="checkbox"/> Yes <input type="radio"/> Blood <input type="radio"/> Semen <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="radio"/> Blood <input type="radio"/> Semen <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="radio"/> Blood <input type="radio"/> Semen <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="radio"/> Blood <input type="radio"/> Semen <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="radio"/> Blood <input type="radio"/> Semen <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="radio"/> Blood <input type="radio"/> Semen <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="radio"/> Blood <input type="radio"/> Semen <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="radio"/> Blood <input type="radio"/> Semen <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="radio"/> Blood <input type="radio"/> Semen <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="radio"/> Blood <input type="radio"/> Semen <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="radio"/> Blood <input type="radio"/> Semen <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="radio"/> Blood <input type="radio"/> Semen <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="radio"/> Blood <input type="radio"/> Semen <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Evidence Information

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 _____