

# General Case Submission Form

Submitting Agency

Agency Case #

Date

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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](http://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 \_\_\_\_\_