

# Center for Human Identification - Missing Persons

3400 Camp Bowie, Fort Worth, TX 76107  
1-800-763-3147, www.unthsc.edu/center-for-human-identification

## Direct Reference Sample Submission Form

**Instructions:** Complete each section as applicable (shaded areas will be completed by CHI).  
**Note:** Sections 1, 3-5, and 9 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: \_\_\_\_\_  
\_\_\_\_\_ NamUs UP 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 Attach additional paperwork if needed

CHI SAMPLE NO.	ITEM NO.	QUANTITY	DESCRIPTION

Additional paperwork attached

Is this direct reference sample associated with a set of unidentified human remains submitted to CHI?  Yes  No

If yes, provide agency name and case number: \_\_\_\_\_

### 4. CHAIN OF CUSTODY

Released by: \_\_\_\_\_  
Signature Printed Name Date & Time Released

Shipped by: \_\_\_\_\_  
Shipping Company Tracking Number

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

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### 5. MISSING PERSON INFORMATION

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

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

Race:  African-American

Asian

Caucasian

Hispanic

Native American

Other (specify) \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the missing person adopted?  Yes  No

Are family reference samples being submitted at the same time?  Yes  No

**NOTE:** Family reference samples should be packaged separately and submitted with the appropriate submission form.

### 6. ADDITIONAL INFORMATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 7. IMPORTANT SAMPLE SUBMISSION INFORMATION

The following sample types are acceptable as direct references: toothbrush, dentures, medically obtained tissue or biopsies mounted on slides, and baby teeth. All other sample types are approved by the Technical Leader on a case-by-case basis. Contact the Technical Leader at (817) 735-2618 to discuss the acceptability of other sample types.

### 8. SHIPPING AND CONTACT INFORMATION

Submit this form with the sample. Evidence items must be shipped using a carrier which can track the shipment (FedEx, UPS, USPS, etc). Overnight shipping is recommended and biodegradable samples must be packaged appropriately. **See shipping guides for instructions**, <https://www.unthsc.edu/center-for-human-identification/sample-submission/>. For questions or assistance with this form, contact the CHI Evidence Unit at 1-800-763-3147 or [missingpersons@unthsc.edu](mailto:missingpersons@unthsc.edu).

Shipping Address: Center for Human Identification  
Attn: Evidence, CBH 6th floor  
3400 Camp Bowie Blvd.  
Fort Worth, TX 76107

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