

# Center for Human Identification

3400 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

Victim or Suspect \_\_\_\_\_

Victim or Suspect \_\_\_\_\_

Victim or Suspect \_\_\_\_\_

Victim or Suspect \_\_\_\_\_

### 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 See CHI shipping guides, <https://www.unthsc.edu/center-for-human-identification/sample-submission/>.

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".

| CHI 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)