

## CASE SUBMISSION

The purpose of this form is to document the submitter's name and address for correspondence and supply a descriptive list of the samples provided. Please document relevant descriptive information related to each sample. The individual submitting the sample(s) should complete this form in its entirety.

<b>Submitting Agency:</b>		<b>Agency Case ID</b>	
<b>Submitter's Name:</b>		<b>Date:</b>	

### PRIMARY POINT OF CONTACT

<b>Name:</b>		<b>Title:</b>	
<b>Agency:</b>		<b>Email:</b>	
<b>Phone #:</b>		<b>Alt. Phone #:</b>	

### ALTERNATE POINT OF CONTACT

<b>Name:</b>		<b>Title:</b>	
<b>Agency:</b>		<b>Email:</b>	
<b>Phone #:</b>		<b>Alt. Phone #:</b>	

**NOTE:** Analysts from the MUFSC will only discuss the processing of submitted evidence and/or results of analysis with individuals identified as "Primary Point of Contact" or "Alternate Point of Contact" above unless otherwise instructed by these individuals.

### MAILING ADDRESS FOR ANALYSIS REPORT

<b>Name &amp; Title:</b>	
<b>Agency:</b>	
<b>Address (Line 1):</b>	
<b>Address (Line 2):</b>	
<b>City, State Zip:</b>	

### MAILING ADDRESS FOR EVIDENCE RETURN

<b>Name &amp; Title:</b>	
<b>Agency:</b>	
<b>Address (Line 1):</b>	
<b>Address (Line 2):</b>	
<b>City, State Zip:</b>	

### BRIEF DESCRIPTION OF CASE HISTORY

<b>Please check appropriate box :</b>	
Original Evidence Submission <input type="checkbox"/>	Supplemental Evidence Submission <input type="checkbox"/>

<b>If Supplemental Evidence Submission, please identify the original MUFSC Case ID (if known):</b>
Original MUFSC Case ID:

## CASE SUBMISSION (continued)

Submitting Agency:

Agency Case ID

### AMPLIFICATION SYSTEM REQUESTED

☐ Globalfiler ☐ Fusion 6C ☐ None Specified

**NOTE:** If no amplification system is specified, MUFSC analysts will choose a validated system determined to be the most appropriate for the testing performed.

### EVIDENCE SUBMITTED

Please list all items that are being submitted to the MUFSC. If only certain items are to be tested, please specify in the "Brief Description of Case History," or through separate correspondence, which of these items you are requesting the MUFSC to analyze.

### REFERENCE ITEMS

Agency Item #	Item Description (include subject's name)	Reference Type (victim, suspect, elimination, mother, child, etc)	Race	Sex	Collection Date (if known)	Sample Type (blood, buccal swab, etc)

### QUESTIONED ITEMS

Agency Item #	Item Description	Collection Date (if known)	Has item been Pre-Screened?	Pre-Screening Tests & Results (if applicable)

☐ Check if Additional Evidence Submission forms are attached.

### PERMISSION TO CONSUME EVIDENCE

If the MUFSC has permission to consume any of the submitted items, please attach a signed letter specifying which items may be consumed during the analysis.