

# Case Submission Form

**Bode Cellmark Case Number** (To be filled out by Lab): \_\_\_\_\_

**Submitting Agency Reference/ Case Number:** \_\_\_\_\_

Before Bode Cellmark can begin processing your case, this form must be filled out in its entirety. Please submit either along with the evidence or directly to Technical Services. Prior to submitting a case, please call Technical Services at 703-646-9740 x787 or toll free at 866-263-3443 x787.

Submitting Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Billing Information:	Method of Payment:
Name:	<input type="checkbox"/> Purchase Order #:
Agency:	<input type="checkbox"/> Contract #:
Address:	<input type="checkbox"/> Credit Card: call 866-263-3443 x787 to provide
City/State/Zip:	<input type="checkbox"/> Other:
Office Number:	
Fax Number:	
Email:	
Quote Number:	

Report Mailing Address:	Evidence Return:
Where the report will be sent. Note: FedEx cannot deliver to PO boxes.	All evidence and generated extracts will be returned to this address following the delivery of the case report, unless otherwise specified.
Name:	Name:
Agency:	Agency:
Address:	Address:
City/State/Zip:	City/State/Zip:
Office Number:	Office Number:
Fax Number:	Fax Number:
Email:	Email:

Authorized Point of Contact:	Additional Point of Contact:
Name:	Name:
Agency:	Agency:
Title:	Title:
Office Number:	Office Number:
Cell Number:	Cell Number:
Fax Number:	Fax Number:
Email:	Email:

*I hereby certify that the information provided on this Case Submission Form is accurate to the best of my knowledge. I understand that I will be charged for services according to the pricing that I have received.*

**Point of Contact Print Name** \_\_\_\_\_

**Point of Contact Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



# Case Submission Form

**Bode Cellmark Case Number** (To be filled out by Lab): \_\_\_\_\_

**Submitting Agency Reference/ Case Number:** \_\_\_\_\_

In order to process your case efficiently, this form must be filled out entirely and submitted either along with the evidence or directly to Technical Services. Prior to submitting a case, please call Technical Services at 703-646-9740 x787 or toll free at 866-263-3443 x787.

<b>Evidence Items*</b> <small>Note: Descriptions may be reflected in Chain of Custody and Report.</small> <input type="checkbox"/> Check here if any samples were collected in the state of New York.	Please check the appropriate boxes for desired testing. Serology is the screening of items for specific biological material.	Permission to Consume (if necessary)
	Serology Testing: <input type="checkbox"/> Blood <input type="checkbox"/> Semen <input type="checkbox"/> Saliva <input type="checkbox"/> Hair DNA Testing: <input type="checkbox"/> STR <input type="checkbox"/> miniSTR <input type="checkbox"/> Y-STR <input type="checkbox"/> mtDNA	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Serology Testing: <input type="checkbox"/> Blood <input type="checkbox"/> Semen <input type="checkbox"/> Saliva <input type="checkbox"/> Hair DNA Testing: <input type="checkbox"/> STR <input type="checkbox"/> miniSTR <input type="checkbox"/> Y-STR <input type="checkbox"/> mtDNA	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Serology Testing: <input type="checkbox"/> Blood <input type="checkbox"/> Semen <input type="checkbox"/> Saliva <input type="checkbox"/> Hair DNA Testing: <input type="checkbox"/> STR <input type="checkbox"/> miniSTR <input type="checkbox"/> Y-STR <input type="checkbox"/> mtDNA	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Serology Testing: <input type="checkbox"/> Blood <input type="checkbox"/> Semen <input type="checkbox"/> Saliva <input type="checkbox"/> Hair DNA Testing: <input type="checkbox"/> STR <input type="checkbox"/> miniSTR <input type="checkbox"/> Y-STR <input type="checkbox"/> mtDNA	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Serology Testing: <input type="checkbox"/> Blood <input type="checkbox"/> Semen <input type="checkbox"/> Saliva <input type="checkbox"/> Hair DNA Testing: <input type="checkbox"/> STR <input type="checkbox"/> miniSTR <input type="checkbox"/> Y-STR <input type="checkbox"/> mtDNA	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Serology Testing: <input type="checkbox"/> Blood <input type="checkbox"/> Semen <input type="checkbox"/> Saliva <input type="checkbox"/> Hair DNA Testing: <input type="checkbox"/> STR <input type="checkbox"/> miniSTR <input type="checkbox"/> Y-STR <input type="checkbox"/> mtDNA	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Serology Testing: <input type="checkbox"/> Blood <input type="checkbox"/> Semen <input type="checkbox"/> Saliva <input type="checkbox"/> Hair DNA Testing: <input type="checkbox"/> STR <input type="checkbox"/> miniSTR <input type="checkbox"/> Y-STR <input type="checkbox"/> mtDNA	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Serology Testing: <input type="checkbox"/> Blood <input type="checkbox"/> Semen <input type="checkbox"/> Saliva <input type="checkbox"/> Hair DNA Testing: <input type="checkbox"/> STR <input type="checkbox"/> miniSTR <input type="checkbox"/> Y-STR <input type="checkbox"/> mtDNA	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Serology Testing: <input type="checkbox"/> Blood <input type="checkbox"/> Semen <input type="checkbox"/> Saliva <input type="checkbox"/> Hair DNA Testing: <input type="checkbox"/> STR <input type="checkbox"/> miniSTR <input type="checkbox"/> Y-STR <input type="checkbox"/> mtDNA	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Serology Testing: <input type="checkbox"/> Blood <input type="checkbox"/> Semen <input type="checkbox"/> Saliva <input type="checkbox"/> Hair DNA Testing: <input type="checkbox"/> STR <input type="checkbox"/> miniSTR <input type="checkbox"/> Y-STR <input type="checkbox"/> mtDNA	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Serology Testing: <input type="checkbox"/> Blood <input type="checkbox"/> Semen <input type="checkbox"/> Saliva <input type="checkbox"/> Hair DNA Testing: <input type="checkbox"/> STR <input type="checkbox"/> miniSTR <input type="checkbox"/> Y-STR <input type="checkbox"/> mtDNA	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Serology Testing: <input type="checkbox"/> Blood <input type="checkbox"/> Semen <input type="checkbox"/> Saliva <input type="checkbox"/> Hair DNA Testing: <input type="checkbox"/> STR <input type="checkbox"/> miniSTR <input type="checkbox"/> Y-STR <input type="checkbox"/> mtDNA	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Serology Testing: <input type="checkbox"/> Blood <input type="checkbox"/> Semen <input type="checkbox"/> Saliva <input type="checkbox"/> Hair DNA Testing: <input type="checkbox"/> STR <input type="checkbox"/> miniSTR <input type="checkbox"/> Y-STR <input type="checkbox"/> mtDNA	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Serology Testing: <input type="checkbox"/> Blood <input type="checkbox"/> Semen <input type="checkbox"/> Saliva <input type="checkbox"/> Hair DNA Testing: <input type="checkbox"/> STR <input type="checkbox"/> miniSTR <input type="checkbox"/> Y-STR <input type="checkbox"/> mtDNA	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Serology Testing: <input type="checkbox"/> Blood <input type="checkbox"/> Semen <input type="checkbox"/> Saliva <input type="checkbox"/> Hair DNA Testing: <input type="checkbox"/> STR <input type="checkbox"/> miniSTR <input type="checkbox"/> Y-STR <input type="checkbox"/> mtDNA	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Serology Testing: <input type="checkbox"/> Blood <input type="checkbox"/> Semen <input type="checkbox"/> Saliva <input type="checkbox"/> Hair DNA Testing: <input type="checkbox"/> STR <input type="checkbox"/> miniSTR <input type="checkbox"/> Y-STR <input type="checkbox"/> mtDNA	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Serology Testing: <input type="checkbox"/> Blood <input type="checkbox"/> Semen <input type="checkbox"/> Saliva <input type="checkbox"/> Hair DNA Testing: <input type="checkbox"/> STR <input type="checkbox"/> miniSTR <input type="checkbox"/> Y-STR <input type="checkbox"/> mtDNA	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* When submitting extracts, the associated reagent blanks must also be included. Please be sure to include the following information:  
 Total human quant, Total Y quant, volume extract remaining and reagent blank names associated with samples.