



CASE SUBMISSION FORM

SEROLOGICAL RESEARCH INSTITUTE

3053 Research Drive, Richmond, CA 94806
Phone: (510) 223-7374, Fax: (510) 222-8887, www.serological.com
Federal Tax ID #94-2520402

CLIENT INFORMATION (individual submitting case): <input type="checkbox"/> Send Report	
Name	Your Case Number
Agency	Phone
Address	E-Mail
Address	City/State/Zip
ALLOW ANYONE WITHIN YOUR AGENCY TO CONTACT SERI? <input type="checkbox"/> Yes	

ADDITIONAL PERSON(S) AUTHORIZED TO DISCUSS CASE:			
Name	<input type="checkbox"/> Send Report	Name	<input type="checkbox"/> Send Report
Agency		Agency	
Address		Address	
City/State/Zip		City/State/Zip	
Phone		Phone	
E-Mail		E-Mail	

CASE SUBMISSION TYPE:			
<input type="checkbox"/> New Case	<input type="checkbox"/> Reopen Existing SERI Case #	<input type="checkbox"/> CODIS Requested (a full case history must be included)	
Name of Suspect(s)		Name of Victim(s):	
Charge:	Date of Occurrence:	Pending Court Date:	

CASE HISTORY: Please provide a brief summary as it relates to the DNA/Serology testing you are requesting. Also provide any relevant documentation (e.g. reports or permission for consumptive testing).

BILLING INFORMATION: Same as Client <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please complete)	
NOTE: All non-government agencies must submit prepayment by Check or Credit Card. NO CHECKS ACCEPTED FOR PRIVATE PARTY CASEWORK	
Name	Court Order or Purchase Order? (include): <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency	<input type="checkbox"/> Pay by Credit Card Card #
Address	Name on Card
City/State/Zip	Expiration / Billing Address
Phone	Billing Address (2 nd line)
E-Mail	Signature

CLIENT AUTHORIZATION SIGNATURE REQUIRED (requested services cannot proceed without the clients signature)
By signing below I authorize Serological Research Institute (SERI) to conduct testing on the samples submitted in accordance with the instructions given. I understand that if I withdraw the case after evidence is received that I am responsible for paying a \$300 closure fee.
Signature: _____ Date: _____
Print Name: _____

PLEASE TELL US HOW YOU HEARD ABOUT SERI?

Continue to second page

SERI Case No. _____

(for SERI use only)

Coshare/LabAdmin/LabForms/FormsBinderWorkingCopies/CaseOperations/CaseSubmissionFormRevisedJuly2018

SERI Analyst: _____

(for SERI use only)

Rev. 7/18

TESTING / ANALYSIS / SERVICE BEING REQUESTED:

AGENCY SUBMITTING EVIDENCE: Same as Client <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please complete)	
Name	Agency Case Number
Agency	Phone
Address	Email
City/State/Zip	
<input type="checkbox"/> Dropped off at SERI <input type="checkbox"/> Shipped to SERI <input type="checkbox"/> Other (please specify)	

Your Item Number	Description	Type of Testing
		<input type="checkbox"/> Body Fluid Analysis <input type="checkbox"/> DNA Analysis <input type="checkbox"/> Do Not Test
		<input type="checkbox"/> Body Fluid Analysis <input type="checkbox"/> DNA Analysis <input type="checkbox"/> Do Not Test
		<input type="checkbox"/> Body Fluid Analysis <input type="checkbox"/> DNA Analysis <input type="checkbox"/> Do Not Test
		<input type="checkbox"/> Body Fluid Analysis <input type="checkbox"/> DNA Analysis <input type="checkbox"/> Do Not Test
		<input type="checkbox"/> Body Fluid Analysis <input type="checkbox"/> DNA Analysis <input type="checkbox"/> Do Not Test
		<input type="checkbox"/> Body Fluid Analysis <input type="checkbox"/> DNA Analysis <input type="checkbox"/> Do Not Test
MULTIPLE COPIES OF THIS PAGE MAY BE USED TO LIST ADDITIONAL EVIDENCE AS NEEDED		

SPECIFIC TESTING OR EVIDENCE STORAGE REQUIREMENTS (if any):

EVIDENCE DISPOSITION (If not specified, evidence will be returned to sender at close of case):	
<input type="checkbox"/> Ship to Client	<input type="checkbox"/> Pick up at SERI
<input type="checkbox"/> Ship back to Agency submitting evidence	<input type="checkbox"/> Destroy
<input type="checkbox"/> Forward to another party (list below)	<input type="checkbox"/> Other (describe below)

Please submit completed Case Submission Form via email, with the evidence, or bring the form if delivering evidence in person. All items should be shipped to the address below. It is highly recommend that you use a traceable carrier (i.e. FedEx, UPS or USPS Priority Mail) for transporting evidence.

SHIP TO:
 SEROLOGICAL RESEARCH INSTITUTE
 ATTN: EVIDENCE TECHNICIAN
 3053 RESEARCH DRIVE, RICHMOND, CA 94806-5206

SERI Case No. _____
 (for SERI use only)

SERI Analyst: _____
 (for SERI use only)