



CASE SUBMISSION FORM

SEROLOGICAL RESEARCH INSTITUTE

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

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|---|------------------|
| CLIENT INFORMATION (individual submitting case): <input type="checkbox"/> Send Report | |
| Name & Title | 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 & Title | <input type="checkbox"/> Send Report | Name & Title | <input type="checkbox"/> Send Report |
| Agency | | Agency | |
| Address | | Address | |
| City/State/Zip | | City/State/Zip | |
| Phone | | Phone | |
| E-Mail | | E-Mail | |

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|-----------------------------------|--|---|--|
| 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: | |

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| 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). Indicate consent to consumptive testing if applicable. |
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| BILLING INFORMATION: Same as Client <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please complete section below) | |
| NOTE: All non-government agencies must submit prepayment by Business Check or Credit Card. NO PERSONAL CHECKS ACCEPTED | |
| Name & Title | 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 / Bill To: |
| Phone | Bill To (2 nd line): |
| E-Mail | Signature |

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| CLIENT AUTHORIZATION <i>SIGNATURE REQUIRED</i> (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 I am responsible for paying a \$300 closure fee. |
| Signature: _____ Date: _____ |
| Print Name: _____ |

Continue to Page 2

SERI Case No. _____

SERI Analyst: _____

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| TESTING / ANALYSIS / SERVICE BEING REQUESTED: |
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| AGENCY SUBMITTING EVIDENCE: Same as Client <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please complete section below) | |
| Name & Title | 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 |
| | | <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

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| SPECIFIC TESTING OR EVIDENCE STORAGE REQUIREMENTS (if any): |
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| EVIDENCE DISPOSITION (if not specified, evidence will be returned to the submitting agency when SERI closes the 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 |

Please submit a completed Case Submission Form either via email to serimain@serological.com, enclosed with the evidence shipment, or bring the completed form if delivering the evidence in person. Evidence Window hours are Monday-Friday, 9:00a.m.-12:00p.m. & 1:00p.m.-4:00p.m. 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) when transporting evidence.

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

SERI Case No. _____

SERI Analyst: _____