



CASE SUBMISSION FORM

SEROLOGICAL RESEARCH INSTITUTE

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

CLIENT INFORMATION (individual submitting case): <input type="checkbox"/> <i>Please Send Me A Report</i>	
Name & Title	Your Case Number
Agency	Phone
Address	Alternate Phone
City/State/Zip	E-Mail
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	

CASE SUBMISSION TYPE:		
<input type="checkbox"/> New Case	<input type="checkbox"/> Reopen Existing SERI Case #	<input type="checkbox"/> CODIS Requested (<i>case history or report required</i>)
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). Include consent to consumptive testing if applicable.

TESTING/ ANALYSIS / SERVICE BEING REQUESTED:

BILLING INFORMATION: Same as Client? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, complete section)	
NOTE: All non-government agencies must submit prepayment by Business Check or Credit Card. NO PERSONAL CHECKS ACCEPTED	
Name & Title	<i>Casework Funded by a Grant?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency	Court Order Authorizing Cost? (submit with this form) <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	Purchase Order? (submit with this form) <input type="checkbox"/> Yes <input type="checkbox"/> No
City/State/Zip	Contract? (submit with this form) <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone	Will payment be made by credit card? <input type="checkbox"/> Yes <input type="checkbox"/> No
E-Mail	**Continue to Page 2**

CLIENT AUTHORIZATION *YOUR SIGNATURE IS REQUIRED* (requested service cannot proceed without 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: _____

AGENCY SUBMITTING EVIDENCE: Same as Client Yes 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 Agency Item Number	Description	Permission to Use Entire Sample if Necessary?
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Call to discuss
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Call to discuss
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Call to discuss
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Call to discuss
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Call to discuss
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Call to discuss
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Call to discuss

MULTIPLE COPIES OF THIS PAGE MAY BE USED TO LIST ADDITIONAL EVIDENCE AS NEEDED

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 evidence@serological.com, or 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.-3:30p.m. All items should be shipped to the address below. It is highly recommended 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: _____