



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 (this is the individual assigned to the case, not the individual delivering the evidence):	
Name & Title	Your Case Number
Agency	Phone
Address	Alternate Phone
City/State/Zip	E-Mail
Please Send Me An Evidence Examination Report <input type="checkbox"/> Anyone within your Agency permitted to contact SERI?	

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"/> 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).

TESTING/ ANALYSIS / SERVICE BEING REQUESTED:

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"/> Delivered in person at SERI <input type="checkbox"/> Shipped to SERI <input type="checkbox"/> Other (please specify)	
Specific Evidence Storage Requirements (if any):	

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SERI Case No. _____

SERI Analyst: _____

Your Agency Item Number	Description of Submitted Evidence	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
		<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 IF NEEDED		

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

BILLING INFORMATION (this information is required. Your case may be delayed for processing if incomplete): NOTE: All non-government agencies must submit prepayment by Business Check or Credit Card. NO PERSONAL CHECKS ACCEPTED	
Name & Title	<i>Is the Casework Funded by a Grant?</i>
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	Please do not put credit card details on the form. We will call you for it

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: _____	

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 using a traceable carrier (i.e. FedEx, UPS or USPS Priority Mail)

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

SERI Case No. _____

SERI Analyst: _____