



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"/> Please Send Me A 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	

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). Include consent to consumptive testing if applicable.

BILLING INFORMATION: Same as Client? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, complete section) GRANT FUNDED? Yes No	
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 / Billing Address
Phone	Billing Address (2 nd line)
E-Mail	Signature

CLIENT AUTHORIZATION SIGNATURE REQUIRED (requested service 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: _____	

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SERI Case No. _____

SERI Analyst: _____

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"/> 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

SPECIFIC TESTING OR EVIDENCE STORAGE REQUIREMENTS (if any):

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, 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: _____