



# CASE SUBMISSION FORM

## SEROLOGICAL RESEARCH INSTITUTE

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

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

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

<b>CASE SUBMISSION TYPE:</b>			
<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:	

<b>CASE HISTORY:</b> 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.

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

<b>CLIENT AUTHORIZATION <i>SIGNATURE REQUIRED</i> (requested service cannot proceed without the clients signature)</b>
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: \_\_\_\_\_

<b>TESTING / ANALYSIS / SERVICE BEING REQUESTED:</b>

<b>AGENCY SUBMITTING EVIDENCE: Same as Client</b> <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**

<b>SPECIFIC TESTING OR EVIDENCE STORAGE REQUIREMENTS (if any):</b>

<b>EVIDENCE DISPOSITION (if not specified, evidence will be returned to the submitting agency when SERI closes the case):</b>	
<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](mailto: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: \_\_\_\_\_