

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Lab No: \_\_\_\_\_

DR. JANE HUFFMAN WILDLIFE GENETICS INSTITUTE  
 562 INDEPENDENCE RD. SUITE 114, EAST STROUDSBURG, PA 18301  
 570-422-7892  
 WILDLIFEDNA@ESU.EDU

## Case Submission Form – Request for Service

In order to process your DNA casework efficiently, these forms must be filled out and sent along with the evidence. Prior to submitting a case, please call or email the laboratory.

**Submitting Agency Reference Code or Case No:** \_\_\_\_\_  
**Nature of Incident:** \_\_\_\_\_  
**Submitting Agency:** \_\_\_\_\_  
**Name of Submitter:** \_\_\_\_\_  
**Submittal Date:** \_\_\_\_\_

**Select the Type of Service Required (Check One):**

\_\_\_\_\_ **Standard Service** – This provides analysis of the sample(s) when rush services are not required. Samples are processed FIFO and typical turn-around is four to five weeks. Difficult samples may take longer and additional charges may apply.

\_\_\_\_\_ **Critical Investigation Service** – This is the fastest service offered. With this service, work will start on the sample(s) immediately upon receipt by the laboratory. Work will be completed as soon as sound scientific practice allows. An additional charge of 50% per sample will be applied. Additional charges may apply.

**Select the Type(s) of Analysis Required (Check All That Apply):**

\_\_\_\_\_ **Species Identification**      \_\_\_\_\_ **Gender Typing**      \_\_\_\_\_ **Population Identification**  
 \_\_\_\_\_ **Parts/Identity Matching**      \_\_\_\_\_ **Blood Characterization**      \_\_\_\_\_ **Minimum Number of Animals**  
 \_\_\_\_\_ **Relatedness**

**List of Items/Evidence:**

\_\_\_\_\_ **Evidence to Be Returned**

	Sample ID No.	Description of Sample	Species (If Known)	Additional Information/Comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

**Indicate How Report Is To Be Sent (Check All That Apply):** \_\_\_\_\_ **Mail**    \_\_\_\_\_ **Fax**    \_\_\_\_\_ **Email**

I hereby certify that the information provided here in the submitted forms is accurate to the best of my knowledge. I understand that I will be charged for the services according to the applicable fee schedule and by the type of service I have selected. I also understand the services are provided by the Dr. Jane Huffman Wildlife Genetics Institute in accordance with their standard procedures, terms and conditions.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

Please submit completed forms with all evidence and ship to the above address via overnight delivery e.g. FedEx, UPS, DHL, Priority Mail. If items are perishable, please ensure that the evidence is shipped on cold packs.

## Contact, Billing, Reporting and Evidence Return Information

In order to process your DNA casework efficiently, these forms must be filled out and sent along with the evidence.  
 Prior to submitting a case, please call or email the laboratory.

**Note: If your information is on file with our laboratory and does not change with each case, you do not need to complete or submit this form.**

### Authorized Point(s) of Contact:

<b>Name:</b>		<b>Name:</b>	
<b>Title:</b>		<b>Title:</b>	
<b>Agency:</b>		<b>Agency:</b>	
<b>Phone:</b>		<b>Phone:</b>	
<b>Fax:</b>		<b>Fax:</b>	
<b>Cell/Pager:</b>		<b>Cell/Pager:</b>	
<b>Email:</b>		<b>Email:</b>	

### Billing Information:

<b>Name:</b>	
<b>Department:</b>	
<b>Agency:</b>	
<b>EIN:</b>	
<b>Address:</b>	
<b>Address:</b>	
<b>City:</b>	
<b>State:</b>	
<b>ZIP:</b>	
<b>Phone:</b>	
<b>Fax:</b>	
<b>Email:</b>	

### Mailing Address (Where Hardcopy Report Is To Be Sent):

<b>Name:</b>	
<b>Department:</b>	
<b>Agency:</b>	
<b>Address:</b>	
<b>Address:</b>	
<b>City:</b>	
<b>State:</b>	
<b>ZIP:</b>	

### Evidence Return Address ( Check Here If Same As Mailing Address):

<b>Name:</b>	
<b>Department:</b>	
<b>Agency:</b>	
<b>Address:</b>	
<b>Address:</b>	
<b>City:</b>	
<b>State:</b>	
<b>ZIP:</b>	