Center for Human Identification

3400 Camp Bowie, Fort Worth, Texas 76107
1-800-763-3147

CHI Case No.

Forensic Casework Evidence Submission Form

1. Case Information

☐ New Case Submission ☐ Additional Submission for CHI Case No.: _____

Offense: _____ Offense Date: _____ Offense County: _____

☐ Suspect Unknown ☐ Use Victim Pseudonym in Reports: _____

Category	Sex	Last Name	First Name	DOB

2. Investigating Agency

Agency: _____ Agency Case No.: _____

Address: _____ Track-Kit No.: _____

_____ Phone: _____

Contact: _____ Email: _____

Detective: _____ Email: _____

3. Submitting Agency

Complete this section if different from above.

Agency Case No.: _____

Agency: _____ Phone: _____

Contact: _____ Email: _____

4. Items Submitted

See CHI shipping guides, https://www.unthsc.edu/center-for-human-identification/sample-submission/.

Define the origin of the sample as Crime Scene, Victim, Suspect, Suspect's Property, or Other.
Define the sample type as possible blood, possible semen, possible saliva, possible skin cells, tissue, hair, known buccal, known blood or other.

CHI Item	Item No.	Description	Origin	Sample Type

☐ Evidence continued on additional page

Does evidence contain any liquid or wet samples and/or non-dried tissue samples? ☐ Yes ☐ No _____ Date _____ Initials

5. Chain of Custody

Released by: _____ Signature _____ Printed Name _____ Date & Time Released

Shipped by: _____ Courier _____ Tracking Number

Received by: _____ Signature _____ Printed Name _____ Date & Time Received
(For CHI Use Only)

Center for Human Identification

3400 Camp Bowie, Fort Worth, Texas 76107
1-800-763-3147

CHI Case No.

Forensic Casework Evidence Submission Form

4. Items Submitted Continued

See CHI shipping guides, https://www.unthsc.edu/center-for-human-identification/sample-submission/.

CHI Item	Item No.	Description	Origin	Sample Type

Does evidence contain any liquid or wet samples and/or non-dried tissue samples? ☐ Yes ☐ No

Date ____________ Initials ____________

Center for Human Identification

3400 Camp Bowie, Fort Worth, Texas 76107
1-800-763-3147

CHI Case No.

Forensic Casework Evidence Submission Form

6. Case Synopsis
Please provide a brief synopsis of the crime. Include details concerning the origin and probative value of the items submitted.

☐ Continued on additional page

7. Test Request

CHI customers agree, prior to any examination being performed, that CHI staff will determine the examinations to be performed, the scope of analysis, and the items to be analyzed. CHI acknowledges that each case is unique and will provide the most appropriate analysis possible. Submission of a case signifies acceptance of deviations that are determined to be technically justified and approved by the case analyst, Technical Leader, and/or Quality Director.

Requested Testing:

8. Forensic Paternity or Kinship

Forensic paternity or kinship analysis requested? ☐ Yes ☐ No

Describe alleged relationship to be evaluated:

9. Prior Testing
Please submit copies of all prior serology, trace/hair and DNA reports.

Serology testing previously performed on submitted items? ☐ Yes ☐ No

DNA testing previously performed on submitted items or other items related to this case? ☐ Yes ☐ No

For mitochondrial DNA hair cases, has the hair been previously examined by a qualified hair examiner?

☐ Yes ☐ No (Case cannot be accepted for testing.) ☐ N/A

10. Evidence Return
Shipping account number must be provided if agency will not retrieve evidence in person.

☐ Agency will retrieve evidence in person

☐ Return Evidence by Shipping Carrier: _____ Account: _____

☐ Return to Investigating Agency

☐ Return to Submitting Agency

(If selected, enter submitting agency address) _____

_____

_____