

FORENSIC CASE SUBMISSION FORM

Please attach **completed** case submission form to the EXTERIOR of the package containing the samples

REFERRAL SOURCE (Please circle one)	TRIAL DATE:
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OC Web Site / OC Sales Rep / Conference / Colleague / OC Customer Service / Gov't Crime Lab / Other (please specify):

CLIENT

Name	Agency Case Number
Agency	Phone
Address	Fax
City/Prov/PC	E-Mail

AGENCY SHIPPING EVIDENCE	Same as Client? Yes No
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Name	Agency Case Number
Agency	Phone
Address	Fax
City/Prov/PC	E-Mail

EVIDENCE DISPOSITION

<input type="checkbox"/> Return Samples to Agency Shipping Evidence	Name
<input type="checkbox"/> Return Samples to Person Indicated to the Right	Agency
<input type="checkbox"/> Destroy Samples	Address
<input type="checkbox"/> Samples to be picked up at Orchid Cellmark	City/Prov/PC
<input type="checkbox"/> Other (describe)	Phone Email

EXHIBIT INVENTORY (Please list each item separately. Please photocopy this page for additional exhibits)

Exhibit No (as assigned by shipping agency)	Description (include condition and storage history if known)	Permission to Consume Sample (if necessary)	Circle Type(s) of Testing Required (Call to discuss testing options if you need assistance)
A.		Yes / No	Standard STR Y-STR Mitochondrial DNA Forensic Paternity Blood Screen Semen Screen
B.		Yes / No	Standard STR Y-STR Mitochondrial DNA Forensic Paternity Blood Screen Semen Screen
C.		Yes / No	Standard STR Y-STR Mitochondrial DNA Forensic Paternity Blood Screen Semen Screen
D.		Yes / No	Standard STR Y-STR Mitochondrial DNA Forensic Paternity Blood Screen Semen Screen

CHAIN OF CUSTODY RELEASE

I, _____ do hereby release the samples as listed above to Orchid Cellmark for the purpose of DNA analysis.

Name of Organization: _____ Signature: _____ Date: _____

Third Party Witness: _____ Signature: _____ Time: _____ am / pm

SAMPLE RECEIPT

I, _____ of Orchid Cellmark did receive the samples as listed above for the purpose of DNA analysis.

Signature: _____ Date: _____ Time: _____ am / pm

via: _____ (Name of courier company and waybill number, if applicable)

DNA TESTING NEEDS (Please provide information on the objective of the DNA test, specific instructions and testing priorities)

PRICING SCHEDULE PER SAMPLE - Please put a check mark in the price column for all services you wish to select.

SCREENING	TURNAROUND TIME	PRICE PER SAMPLE
Semen Screen Test	2-4 weeks	<input type="checkbox"/> \$400
Blood Screen Test	2-4 weeks	<input type="checkbox"/> \$400
STR DNA TESTING	TURNAROUND TIME	PRICE PER SAMPLE
Attempted extraction/DNA Quant	2-4 weeks	<input type="checkbox"/> \$595
Routine STR Analysis – includes sex typing	4 weeks	<input type="checkbox"/> \$1,095
Surcharge on bone and teeth samples	4+ weeks	<input type="checkbox"/> \$500
STR Analysis using Minifiler	4-6 weeks	<input type="checkbox"/> \$1,295
Y-STR DNA TESTING	TURNAROUND TIME	PRICE PER SAMPLE
Male Specific quantitation only (Quantifiler Y)	2-4 weeks	<input type="checkbox"/> \$595
Y-STR testing evidence and reference samples	4 weeks	<input type="checkbox"/> \$1,295
RUSH SERVICES	RUSH TURNAROUND TIME	SURCHARGE PER SAMPLE
Autosomal or Y-STR Rush Service	15 business days	<input type="checkbox"/> \$600
Autosomal or Y-STR Rush Service	10 business days	<input type="checkbox"/> \$800
Autosomal or Y-STR Rush Service	5 business days	<input type="checkbox"/> \$1,000
MITOCHONDRIAL DNA TESTING	TURNAROUND TIME	PRICE PER SAMPLE
Mitochondrial DNA extraction only	6 weeks	<input type="checkbox"/> \$1,000
Mitochondrial testing (reference – blood & buccal)	6-8 weeks	<input type="checkbox"/> \$1,450
Mitochondrial testing (reference – hair, bone, other)	8-10 weeks	<input type="checkbox"/> \$2,250
Mitochondrial testing (evidence specimen)	8-10 weeks	<input type="checkbox"/> \$2,850
Mitochondrial testing (highly degraded evidence)	8-10 weeks	<input type="checkbox"/> \$3,500

CLIENT AUTHORIZATION

I hereby authorize Orchid Cellmark to conduct testing on the samples listed on this form according to the specifications listed above and understand the pricing to be as stated above. Applicable taxes will be added to the price.

Name: _____ Signature: _____ Date: _____

TERMS AND CONDITIONS

- The costs associated with shipping evidence to and from Orchid Cellmark are the responsibility of the client
- Prices are in Canadian dollars and are subject to change without notice.
- For forensic samples, not all loci as listed above are guaranteed to provide results.
- Due to the nature of biological specimens they may not always be suitable for analysis.
- The cost of expert testimony pertaining to this case, if required, is not included in the cost of analysis. Please contact Orchid Cellmark for a quote if required.

BILLING/PAYMENT INFORMATION **Same as Client? Yes No**

Payment is included in the form of a money order, certified cheque or corporate cheque

Please send invoice to: Name: _____ Agency: _____
 Address/City/Prov/PC: _____ Phone: _____

\$ _____ may be charged to the following credit card: Visa / MasterCard

Card #: _____ Exp: _____ Name of Cardholder: _____

Signature: _____ Address of Cardholder if not provided above: _____