



Forensic Test Request Form

MT Case No. (To be filled out by MT):

Date:

Submitting Agency:

Agency Case #:

Authorized Point(s) of Contact:

Name:
Agency:
Title:
Telephone Number:
Fax Number:
Cell phone or pager:
Email Address:

Mailing Address (where the report should be sent):

Name:
Agency:
Address (Line 1):
Address (Line 2):
City:
State, ZIP:
Telephone Number:
Fax Number:
Email Address:

Evidence Return Address: Billing Address:

Name:
Agency:
Address (Line 1):
Address (Line 2):
City:
State, ZIP:
Telephone Number:
Fax Number:
Email Address:

List of Case Items/Evidence for Analysis

Table with 6 columns: Quantity, Item ID, Evidence/Service Description, Cost (US\$), Subtotal, Additional Information. Rows include MT001 (Hair samples), MT002 (Bone or tooth samples), MT003 (Blood, saliva, or buccal samples), MT004 (Species determination of hair), MT021 (Consulting), MT022 (Discovery Preparation), MT023 (Inventory Fee), MT024 (Expert Testimony), and a Total row.

Please submit this completed form with the evidence. All evidence items must be shipped to the address below via overnight delivery (e.g., FedEx, UPS, DHL, Priority Mail). If evidence items are perishable, please ensure that the evidence is sent on ice.

Attn: Forensic Evidence Custodian
Mitotyping Identity Laboratories
A Division of SoftGenetics
2565 Park Center Boulevard, Suite 200
State College, PA 16801
Phone: 814.861.0676 Fax: 814.861.0576