

Forensic Scientist
 Wildlife Forensic DNA Laboratory
 NATURAL RESOURCES DNA PROFILING & FORENSIC CENTRE
 DNA Building BLOCK A, Trent University, 2140 East Bank Drive,
 Peterborough, Ontario, K9L 1Z8, Phone#705-748-1011 ext. 7687;
forensiclab@nrdpfc.ca <http://www.forensicdna.ca>

CASE SUBMISSION FORM

<input type="checkbox"/> New Evidence <input type="checkbox"/> Supplementary Evidence	Offence Number/ Case Number	Laboratory File Number
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Putative Species Involved	Submitted by Location/Township of Occurrence
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Name of Organization/ Company Name	Department / Work Unit
Street Address	Telephone Number
City	Cell Number
Province	Fax Number
Postal Code	E-mail

Shipment (Fed-Ex, Purolator, Registered Mail)	Way Bill/Registered Mail No.	Condition of Package <input type="checkbox"/> Dry <input type="checkbox"/> Frozen
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Statute of Limitations Expected Discovery/Trial Date Officer's Signature	Evidence Disposition <input type="checkbox"/> Return Evidence to Agency Shipping Evidence <input type="checkbox"/> Destroy Evidence Upon Completion of Analysis <input type="checkbox"/> Destroy Evidence Upon Expiration of Statute of Limitations. <input type="checkbox"/> Other (describe)
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Date and Time Received Condition of Packaging Upon Arrival	Received by [Scientist]	Signature
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Note: Gray Boxes for Use by the Natural Resources DNA Profiling & Forensic Centre Only

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Conservation Officer		Officer's Case No.	Laboratory File No. (Lab Use Only)		
Item Number/ Barcode	Description	Tissue Type	Packaging	Sex	
Location (UTM or Lat/Long or Township)					
Condition of Sample		Initials	Storage		
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Conservation Officer	Offence Number/ Case Number
Case Synopsis: 	

DNA Analyses Required [Indicate if only specific samples require analysis]		
	<u>Yes/No</u>	<u>Samples</u>
Individual Identification [Matching Samples]		
Species Identification		
Sex Identification		
Other (please specify)		

PAYMENT INFORMATION

Please provide credit card information or a PO number upon case submission to facilitate billing. An invoice will be sent once analysis is complete outlining the amount that will be charged to your credit card. *(Please note a 2% service charge will be applied to processing Credit Cards).*

VISA

MASTERCARD

PO Number

Card Number: _____

Name On Card: _____

Expiry Date: Month _____ Year _____

PO Number: