



Case Submission Form Forensic Genealogy

Bode Technology
10430 Furnace Rd. Ste 107
Lorton, VA 22079
Phone: 866-263-3443
Fax: 703-646-9741
bode.service@bodetech.com
www.bodetech.com

Bode Case Number (To be filled out by Bode): _____
Submitting Agency Reference/ Case Number: _____

In order to process your case efficiently, this form must be filled out entirely and submitted either along with the evidence or directly to Technical Services. Prior to submitting a case, please call Technical Services at 703-646-9740 x787 or toll free at 866-263-3443 x787.

Submitting Agency: _____ Date: _____

Billing Information:	Method of Payment:
Name:	<input type="checkbox"/> Purchase Order #:
Agency:	<input type="checkbox"/> Contract #:
Address:	<input type="checkbox"/> Credit Card: Please call 866-263-3443 x787
City/State/Zip:	<input type="checkbox"/> Other:
Office Number:	
Fax Number:	Quote #:
Email:	

Report Mailing Address:	Evidence Return:
Where the report will be sent. Note: FedEx cannot deliver to PO boxes.	All evidence and generated extracts will be returned to this address following the delivery of the case report, unless otherwise specified.
Name:	Name:
Agency:	Agency:
Address:	Address:
City/State/Zip:	City/State/Zip:
Office Number:	Office Number:
Fax Number:	Fax Number:
Email:	Email:

Authorized Point of Contact:	Additional Point of Contact:
Name:	Name:
Agency:	Agency:
Title:	Title:
Office Number:	Office Number:
Cell Number:	Cell Number:
Fax Number:	Fax Number:
Email:	Email:



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I hereby certify that the information provided on this Case Submission Form is accurate to the best of my knowledge. I understand that I will be charged for services according to the fee schedule that I have received.

I confirm that I have legal authority to submit this sample to Bode for Genealogical DNA Testing. I confirm that Bode has the authority to utilize the resulting DNA profile(s) for upload into DNA databases for the purposes of investigating the identity of this sample.

Point of Contact Print Name _____ **Date** _____

Point of Contact Signature _____

Case Background & Instructions:

Date of Crime: _____ Crime Type: _____

Yes No Is this case a violent crime (homicide/ sexual assault)?

Evidence Items* Note: Descriptions may be reflected in Chain of Custody and Report.	Quant Data & total extract remaining*	Permission to Consume (if necessary)
Item ID #: _____ Description: _____	_____ ng/ μ L _____ μ L	<input type="checkbox"/> Yes <input type="checkbox"/> No
Item ID #: _____ Description: _____	_____ ng/ μ L _____ μ L	<input type="checkbox"/> Yes <input type="checkbox"/> No
Item ID #: _____ Description: _____	_____ ng/ μ L _____ μ L	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Quant Data and total extract remaining information only needed if the sample being submitted is extract.

**All evidence items must be shipped using a traceable carrier (i.e. FedEx, USP, DHL, Priority Mail).
Overnight shipping is recommended.**

**Evidence should be shipped to:
ATTN: EVIDENCE DEPARTMENT
Bode Technology
10430 Furnace Rd. Suite 107
Lorton, VA 22079**