



# Bode Technology

## Missing Persons Program

### Family Reference Submission Form

Before Bode Technology can begin processing, this form must be filled out in its entirety. Please submit along with the evidence or directly to [Bode.Service@bodetech.com](mailto:Bode.Service@bodetech.com). Required sections are noted. Omission of required information will cause a delay in the start of the testing.

Bode Technology Case Number (to be filled out by Lab): \_\_\_\_\_

Submitting Agency Reference/ Case Number: \_\_\_\_\_

<b>Select type of service:</b> <b>Standard Service – Turn Around time is as follows:</b> Serology, STR (Short Tandem Repeat), Y-STR & miniSTR analysis: ~12 weeks mtDNA (mitochondrial DNA) Analysis: ~16 weeks											
<b>Expedited Service – Select Turn Around time:</b> <b>SUBJECT TO RESTRICTIONS, AVAILABILITY AND ADDITIONAL FEES APPLY.</b> <b>Please contact Technical Services prior to submission of an Expedited Case.</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><b><u>Serology, STR, Y-STR &amp; miniSTR</u></b></td> <td style="width: 50%; border: none;"><b><u>Mitochondrial DNA Analysis</u></b></td> </tr> <tr> <td style="border: none;">5 Business Days</td> <td style="border: none;">20 Business Days – knowns only</td> </tr> <tr> <td style="border: none;">10 Business Days</td> <td style="border: none;">40 Business Days</td> </tr> <tr> <td style="border: none;">20 Business Days</td> <td style="border: none;">50 Business Days</td> </tr> <tr> <td style="border: none;">30 Business Days</td> <td style="border: none;">60 Business Days</td> </tr> </table>		<b><u>Serology, STR, Y-STR &amp; miniSTR</u></b>	<b><u>Mitochondrial DNA Analysis</u></b>	5 Business Days	20 Business Days – knowns only	10 Business Days	40 Business Days	20 Business Days	50 Business Days	30 Business Days	60 Business Days
<b><u>Serology, STR, Y-STR &amp; miniSTR</u></b>	<b><u>Mitochondrial DNA Analysis</u></b>										
5 Business Days	20 Business Days – knowns only										
10 Business Days	40 Business Days										
20 Business Days	50 Business Days										
30 Business Days	60 Business Days										

**Case Background & Instructions:**  
 If this is an additional submission, please note the Bode Technology case number here:

Billing Information (Required)	Method of Payment (Required)
Name:	Purchase Order #:
Name of Agency:	Contract #:
Address:	Credit Card #: (call 1-866-263-3443 x795 to provide)
City/State/Zip:	Grant #:
Office #:	Other:
Fax #:	Bode Quote #:
Email:	

Bode Technology  
 10430 Furnace Rd., Suite 107, Lorton, VA  
 22079 [Bode.Service@bodetech.com](mailto:Bode.Service@bodetech.com)  
 1-866-263-3443



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### Family Reference Submission Form

Investigating Agency Information (Required)	Authorized Point of Contact (Required)
Name of Agency:	Name:
Address:	Phone #:
City/State/Zip:	Fax #:
Agency Case #:	Email:
ORI #:	Will the investigating agency receive a copy of the Forensic DNA report? Yes                      No
ME/Coroner #:	
NCIC #:	
NamUs UP #:	

Collecting Agency Information (Required)*	Authorized Point of Contact (Required)
*Note: Complete if different from investigating agency	Name:
Name of Agency:	Phone #:
Address:	Fax #:
City/State/Zip:	Email:
Agency Case #:	Will the collecting agency receive a copy of the Forensic DNA report? Yes                      No

NOTE: Bode Technology's policy indicates that only those listed as an Authorized Point of Contact (POC) will be given information in regards to the testing and results of the respective submitted cases(s). Please list below any additional Authorized POCs.

Additional Authorized Point of Contact	Additional Authorized Point of Contact
Name:	Name:
Agency:	Agency:
Phone #:	Phone #:
Email:	Email:

Additional Authorized Point of Contact	Additional Authorized Point of Contact
Name:	Name:
Agency:	Agency:
Phone #:	Phone #:
Email:	Email:

Additional Authorized Point of Contact	Additional Authorized Point of Contact
Name:	Name:
Agency:	Agency:
Phone #:	Phone #:
Email:	Email:

Bode Technology Case # \_\_\_\_\_

Submitting Agency Reference Case # \_\_\_\_\_

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# Bode Technology Missing Persons Program Family Reference Submission Form

Missing Person Information (Required)			
Name of the Missing Person (Last, First, MI):			
Age when Missing:	Sex:	Dental Records Available?	Race:
Last Contact Date:	Male Female	Yes    No	African-American Asian Caucasian Hispanic Native American Other (specify) _____
Last Contact City/County:	Hair Color:		
Last Contact State:	Eye Color:		
Physical Identifiers (i.e. scars, marks, tattoos, medical devices, etc):			

Family Member Providing Reference Sample Information (Required)			
Name (Last, First, MI):			
Address:		Sex:	Race:
Date of Birth:	Phone Number:	Male Female	African-American Asian Caucasian Hispanic Native American Other (specify) _____
Relationship to Missing Person:			
<p style="text-align: center;"><b>Circle the box below indicating Relationship to the Missing Person:</b></p> <p style="text-align: center;"><i>Note: Close blood relatives such as the missing person's biological mother, father, child, brothers, or sisters will typically be the most informative.</i></p> <p>Key: <input type="checkbox"/> Maternal Relative    <input checked="" type="checkbox"/> Maternal Relative (if missing person is female)    <input checked="" type="checkbox"/> Paternal Relative (if missing person is male)</p>			
<p>The diagram shows a family tree with the following relationships to the 'MISSING PERSON' (circled):</p> <ul style="list-style-type: none"> <li><b>Maternal Side (shaded):</b> Grandmother, Grandfather, Aunt, Uncle, Step Parent*, Mother, Sister, Niece, Nephew, Great Niece, Great Nephew.</li> <li><b>Paternal Side (dashed boxes):</b> Grandmother, Grandfather, Father, Step Parent*, Aunt, Uncle, Brother, Male Cousin, Female Cousin, Second Cousin, Granddaughter, Grandson.</li> <li><b>Child (hatched):</b> Daughter, Son.</li> <li><b>Other (unshaded):</b> Cousin, Maternal Half Sibling, Paternal Half Sibling, Spouse, Second Cousin, Second Cousin.</li> </ul>			

Bode Technology Case # \_\_\_\_\_  
Submitting Agency Reference Case # \_\_\_\_\_

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# Bode Technology Missing Persons Program Family Reference Submission Form

<b>If STR data is obtained, will CODIS entry or search be requested? (Required)</b>	Yes	No
<p>Bode Technology (Bode) is not an NDIS participating laboratory. BCF has a Memorandum of Understanding with Baltimore City Police Department (BCPD) to review and enter eligible STR &amp; Y-STR missing persons, unidentified human remains and family reference sample case submissions into CODIS. Checking this box authorizes BCF to share case information and resulting profile data with BCPD. Pre-approval of cases by BCPD is required. CODIS eligibility for upload will be determined by BCPD. The BCPD will contact the appropriate agencies with the results of any CODIS matches or if additional information is required.</p>		

<b>Donor Consent (Required)</b>
<p>I understand that the answers provided on this form are correct to the best of my knowledge. I fully understand that my answers are critical to the process of identifying my missing family member.</p> <p>I freely and voluntarily consent to provide my sample(s) for DNA analysis and entry into the Combined DNA Index system (CODIS) database, maintained by the FBI under authority of Title 42, United States Code, section 14132. Law enforcement agencies having online access to the missing persons database may search against my DNA profile for potential matches.</p> <p>I understand that the information I have provided is protected by the Privacy Act notices from the National DNA Index System and FBI's Central Records System as most recently published in the Federal Register, I also understand that my sample(s) will be destroyed and my DNA profile will be removed from the CODIS database if my family member is positively identified.</p> <p>I understand that I am not required or obligated to provide a DNA sample, and that my consent to have a DNA sample taken is knowingly and voluntarily made. I further consent to the use of my DNA profile to the anonymous population database to aid in statistical inferences. The database will not contain any of my personal information and the DNA profile cannot be associated with me as a donor.</p> <p>I authorize the appropriate law enforcement agent listed below to collect this sample(s) for the sole purpose of identifying my missing family member. I have witnessed my sample(s) being collected and a label with my name has been attached to each sample(s). The sample(s) were then placed in the sample collection pouch and sealed.</p> <p>Signature of family member or Legal guardian giving consent: _____ Date: _____</p>

<b>To Be Completed by Collector (Required)</b>
<p>I, on the date of _____ at _____: _____ a.m. p.m. verified the identity of the individual who is providing the DNA sample. I collected a DNA sample(s) from this individual, attached a label with the donor's name to each sample(s), placed and sealed them in a sample collection pouch.</p> <p>Law Enforcement Agent collecting DNA samples: _____ Print Name: _____</p> <p>Signature: _____</p>

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<b>Evidence Submitted</b>			
Were any samples collected in the state of New York?		Yes	No
Item # or Agency ID #	Name of Donor (Last, First, MI)	Check the appropriate boxes for desired testing	Permission to Consume (if necessary)
		STR   Y-STR   mtDNA	Yes   No

NOTE: A separate form must be filled out for each family member donating a sample(s).

All evidence items must be shipped using a traceable carrier (i.e. FedEx, UPS, Priority Mail) with signature required. Overnight shipping is recommended.

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

Chain of Custody (Required)		
Released by	Printed Name:	Signature:
Released to	Courier (if applicable):	Tracking # (if applicable):
Released by	Printed Name:	Signature:
Released to	Courier (if applicable):	Tracking # (if applicable):
Received at Bode Technology	Printed Name:	Signature:
	Date:	Time:

I hereby certify that the information provided on this Unidentified Remains Form is accurate to the best of my knowledge. I understand that I will be charged for services according to the pricing that I have received.

Point of Contact Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Point of Contact Signature: \_\_\_\_\_

Bode Technology Case # \_\_\_\_\_

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