



Sample Submission Form

Please print this page from your browser, fill it out completely and include it when submitting a sample. Call the laboratory at (530) 758-4254 and let us know to expect your shipment (leave a message if you are connected with voicemail). Please read and follow our "Instructions for submitting a sample".

Contact Information: Please make sure that we have complete contact information for the person submitting the sample, the person(s) who should receive a copy of the results, the persons with whom we may discuss results, and to whom the invoice should be sent. The party responsible for payment also controls the custody of the sample and authorizes person(s) with whom results can be discussed. We will not discuss results with unauthorized persons.

Submitter:

Name: _____

Agency Name : _____

Address: _____

City, State, Zip Code: _____

Phone: _____ Fax: _____

E-mail Address: _____

Report Results To: Same as Submitter
(if this box is not checked please fill in the next section)

Agency Name: _____

Contact Person: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ Fax: _____

E-mail Address: _____

Other Persons Authorized to Discuss Sample Results:

Name: _____

Agency: _____

Please indicate additional persons on separate sheet.

Payment Information

Send Invoice To:

Same as Submitter

(if this box is not checked please fill in the next section)

Name (please print): _____

Title: _____

Alternate contact: _____

Agency: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ Fax: _____

E-mail Address: _____

Terms of Payment:

QuestGen Forensics requires a purchase order number or a credit card number to begin processing of samples. At QuestGen's discretion, partial or full prepayment may be required based on an estimate of fees. Terms for invoiced fees are net 30 days.

Purchase Order Number _____

OR

Credit Card Number _____ Exp. Date _____

Name on card _____

Signature: _____ Date: _____

Sample Information: (fill in all that apply)

Case #: _____

Date of Incident: _____

Location of Incident: _____

Investigating Officer: _____

Contact Phone: _____ OK to call? Yes _____ No _____

Provide a brief narrative of the circumstances of the incident:

Person(s) involved in examination, packaging, or shipment of evidence: _____

Agency/Laboratory: _____

Contact Phone: _____ OK to call? Yes _____ No _____

Evidence Sample 1. Exhibit #/Item #: _____

Date of Evidence Examination: _____

Description of handling and findings: _____

Evidence Sample 2. Exhibit #/Item #: _____

Date of Evidence Examination: _____

Description of handling and findings: _____

Reference Sample. Exhibit #/Item #: _____

Sample type(s): _____

Is animal available for re-sampling if necessary? _____

(please attach additional sheets for more samples-please follow the same format)

Services Desired: (Check all that apply)

- Species Identification
- Individual identification by STR analysis and/or mitochondrial haplotyping
- Other analyses previously discussed -please specify _____

Sample Storage: (Please check one- see warning below)

- Destroy after analysis
- Place sample into Long Term Storage (Monthly storage fees apply)
- Return Sample after analysis (Shipping and handling fees apply)

Return To:

- same as "submitter" address
- same as "report to" address
- different address as follows: _____

Warning: All samples will be destroyed after 60 days if none of the options above is indicated.

Priority: (please check one)

- Standard (4 - 6 weeks)
- RUSH (3 - 10 business days) Prior arrangements must be made and services billed at twice the normal charge.

Additional Options and Information: (check all that apply)

- Check here if you require NON-DESTRUCTIVE TESTING. Depending on the sample, prior arrangements may be required.
- Check here if you require a Chain of Custody Record; please enclose your agency's chain of chain of custody record or see our chain of custody information. Chain of Custody forms will be signed and returned to the submittor by mail unless requested otherwise.
- Check here if a time deadline (court date, discovery period) exists for this case at present..
If so, please indicate the date: _____

Attach a separate sheet for any additional notes or comments.

Ship samples to:

QuestGen Forensics, 1046 Olive Drive Suite 1, Davis, CA 95616
Phone: (530) 758-4254 Fax: (530) 750-5758 email: questgen@zoogen.biz