

# General Case Submission Form

Submitting Agency

Agency Case #

Date

All laboratory services are governed by the attached Conditions of Sale and Additional Terms and Conditions

## Case Information

Case Type  New Case  Supplemental Testing for Existing Case

If supplemental, list SigSci case # LSS

Defendant(s) \_\_\_\_\_  
\_\_\_\_\_

Elimination(s) \_\_\_\_\_

Victim(s) \_\_\_\_\_

Offense \_\_\_\_\_

### Case Scenario

Include how the submitted items are associated with the case—attach additional pages, if necessary

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Directions for Testing (if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Turn-Around Time Requested  Standard  Rush Service

Subject to availability, additional charges will apply

## Instructions

- 1 Contact Signature Science for a quote at [Quotes@signaturescience.com](mailto:Quotes@signaturescience.com).
- 2 Complete this Case Submission Form.
- 3 Print the form and sign it to authorize the work.
- 4 Submit evidence (with the completed Case Submission Form inside) to:

**SigSci Forensics**  
8501 N. Mopac Expressway  
Suite 100  
Austin, TX 78759

Download applicable Terms & Conditions:  
[www.signaturescience.com/terms-and-conditions](http://www.signaturescience.com/terms-and-conditions)



# General Case Submission Form

Billing Information	
<input type="checkbox"/> <b>Account Sale</b>	Account # _____ PO # (If Required) _____ <i>To obtain a credit account, contact LParke@signaturescience.com</i>
<input type="checkbox"/> <b>Credit Card Sale</b>	Name _____
VISA	Credit Card # _____
MasterCard	Expiration _____ CVV _____ Email _____
American Express	Billing Address _____
	Comments _____

Evidence Return	
<input type="checkbox"/> <b>Return to Submitting Agency</b>	
<input type="checkbox"/> <b>Return to Other Agency</b>	Agency _____
	Name _____ Title _____
	Address _____
	Phone _____ Email _____
	Comments _____
<input type="checkbox"/> <b>Destroy Evidence</b>	
<input type="checkbox"/> <b>Other Disposition (Describe)</b>	

Certification and Signature	
<p>I certify the information provided on this Case Submission Form is accurate to the best of my knowledge. I confirm that I authorize Signature Science to perform the above-requested work on the samples described on this form at the listed fees (plus tax, if applicable) and agree to the associated terms and conditions. Furthermore, I certify that I am a duly authorized representative of the Submitting Agency indicated above and have the authority to sign this on behalf of my agency and obligate it accordingly.</p>	
SIGNATURE _____	Date _____
Printed Name _____	Title _____