



Case Submission Form

Email completed form to sigsciagl@signaturescience.com • Include a copy with sample shipment

INSTRUCTIONS: Prior to Evidence/Case submission, request a quote by emailing sigsciagl@signaturescience.com. Once directed, complete this Case Submission Form (CSF). This form must be filled out completely to process your case. Please sign the form to authorize the requested work. Submit the form via email with the subject line **[Agency Name] _CSF_[Quote #]** (e.g., ACME PD_CSF_HS20250101). **Do not tender any evidence.** Once the CSF is received the AGL Evidence Manager will provide sample shipping instructions and coordinate evidence receipt.

Case Information

Submitting Agency	
Submitting Agency Case #	
Date	Quote #
Victim Name(s)	
Suspect Name(s)	
Offense	Date of Offense
Case Summary	

Primary Contact Information

Name
Agency
Address
City/State/Zip
Phone/Fax
Email

Billing Contact Information

Check if same as primary

Name
Agency
Address
City/State/Zip
Phone/Fax
Email

Workflow

Select the desired analysis pipeline.

<input type="checkbox"/> SNP Microarray Illumina® Infinium Global Screening Array (GSA) on the Illumina iScan	<input type="checkbox"/> Targeted Sequencing Verogen® ForenSeq Kintelligence on the MiSeq FGx
Special Instructions	

Method of Payment

Account Sale
 Account # _____ PO # (Required) _____

Credit Card Sale VISA MasterCard Amex

Name _____

Credit Card # _____

Expiration _____ Security Code (CVV) _____

Email _____



Case Submission Form

Email completed form to sigsciagl@signaturescience.com • Include a copy with sample shipment

Sample Information					
Sample(s) Type: <input type="checkbox"/> Swab <input type="checkbox"/> Tissue <input type="checkbox"/> Blood <input type="checkbox"/> Fabric <input type="checkbox"/> Bone <input type="checkbox"/> gDNA (extract) <input type="checkbox"/> Other (specify) _____					
Sample Origin: <input type="checkbox"/> Unidentified Human Remains (UHR) <input type="checkbox"/> Missing Person <input type="checkbox"/> Violent Crime (Homicide/Sex Crime) <input type="checkbox"/> Reference Testing					
Items		Sample Information			Permission to Consume (if necessary)
Item ID#	Sample Description	Total Volume Remaining* (µL)	DNA Concentration* (ng/µL)	Sample Composition*†	
				<input type="checkbox"/> Single-source <input type="checkbox"/> Mixed	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Single-source <input type="checkbox"/> Mixed	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Single-source <input type="checkbox"/> Mixed	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Single-source <input type="checkbox"/> Mixed	<input type="checkbox"/> Yes <input type="checkbox"/> No

* Required if the sample being considered is an extract.

† If the sample is a mixture, please provide the mixture ratio in Sample Description. If unknown, leave check box blank and note in Sample Description.

Sample Return Information	<input type="checkbox"/> Check if same as primary
Name	
Agency	
Address	
City/State/Zip	
Phone/Fax	
Email	

Authorized POC Information	<input type="checkbox"/> Check if same as primary
Name	
Agency	
Address	
City/State/Zip	
Phone/Fax	
Email	

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 Agency indicated above and have the authority to sign this on behalf of my agency and obligate it accordingly.

Signature _____
 Printed Name _____
 Title _____
 Date _____