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Forensic Evidence Submission Form

Date: _____ Name: _____
Agency: _____ Address: _____
Agency Case #: _____
Phone Number: _____ Fax Number: _____

Activity or Procedures Requested: Please check below for the requested testing. If you are unsure, please state so in comments and a GenQuest analyst will contact you prior to testing.

Serology Testing PSA (semen) Amylase (saliva) Hemoglobin (blood)

DNA Testing Differential Extraction Fusion (autosomal STRs) Y23 (Y-STRs)

Comments: _____

Is this testing for legal purposes? Yes No

Evidence Return Method:

- Pick-Up
- Agency's FedEx (Account # needs to be provided): _____
- GenQuest's FedEx (The charge for FedEx will be added to the bill)
- Destroy evidence after testing
- Other (Please specify): _____

Evidence Return Address (if different from above):

Chain of Custody

Item No(s).	Date of Collection(s)	Description of Item(s)	GenQuest No(s).

Item No(s).	Date	Released By	Received By	Purpose of Custody Change
		Signature	Signature	
		Name	Name/Date Rec'd	
		Signature	Signature	
		Name	Name/Date Rec'd	
		Signature	Signature	
		Name	Name/Date Rec'd	
		Signature	Signature	
		Name	Name/Date Rec'd	

LABORATORY USE ONLY

Evidence Submitted

In Person by: _____
Print Signature

By Carrier: _____ No. of Packages: _____
Carrier & Tracking Number

Received By: _____
Print Signature

Receipt Time: _____ Receipt Date: _____ Receipt Location: _____

Seals Intact: Y / N Evidence of Tampering: Y / N

Comments: _____

Evidence Returned

Destroyed
Sample Number(s)/Date: _____

Consumed
Sample Number(s)/Date: _____

In Person by: _____
Print Signature

By Carrier: _____ No. of Packages: _____
Carrier & Tracking Number

Agency: _____

Address: _____

Packaged By: _____
Print Signature