## FORENSIC DNA SPECIMEN ANALYSIS REQUEST

AUTHORITY:	Title 10 USC, Section 1471		
PRINCIPLE PURPOSE:	To obtain information/specimens needed to evaluate and document forensic DNA testing.		
ROUTINE USES:	Information will be used to document forensic DNA testing.		
DISCLOSURE:	Disclosure of requested information is mandatory. Missing information may prevent timely processing of this request.		
TO: ARMED FORCES MEDICAL EXAMINER SYSTEM Attn: Armed Forces DNA Identification Laboratory 115 Purple Heart Drive Dover Air Force Base, DE 19902		Place Label Here <i>(if available)</i>	

NAME OF PATIENT (Last, First, MI)	SOCIAL SECURITY #	AGE	SEX	RACE
DATE OF INCIDENT/ ACCIDENT	TIME AND DATE OF D	DEATH AUTOPS		SY #

SPECIMEN TYPE AND UNIQUE IDENTIFIER	SPECIMEN TYPE AND UNIQUE IDENTIFIER		
Α.	В.		
INCIDENT/ ACCIDENT DETAILS (Include pertinent information regarding crash site, autopsy or investigation; (e.g., Number of individuals)			

Priority:	Stat – Contact AFDIL P 24 – 96 hours	OC On Call	Urgent 5 – 14 business da		utine - 20 business days
PRINTED NAMI	E OF REQUESTER/ TITLE		SIGNATURE	DATE	TELEPHONE #

SIGNATURE	DATE	TELEPHONE #
		COMM:
		DSN:
		FAX:
	SIGNATURE	SIGNATURE DATE

<b>CHAIN OF CUSTODY (CC)</b> Each individual charged with custody of specimens must complete information below (continue CC on reverse as required).					
RELEASED BY	RECEIVED BY	DATE & TIME	PURPOSE OF TRANSFER		
SIGNATURE	SIGNATURE				
PRINTED NAME	PRINTED NAME				
SIGNATURE	SIGNATURE				
PRINTED NAME	PRINTED NAME				
SIGNATURE	SIGNATURE				
PRINTED NAME	PRINTED NAME				
SIGNATURE	SIGNATURE				
PRINTED NAME	PRINTED NAME				
SIGNATURE	SIGNATURE				
PRINTED NAME	PRINTED NAME				