

Dina Abdelhakim,
 Forensic Scientist, Wildlife Forensic DNA Laboratory
 NATURAL RESOURCES DNA PROFILING & FORENSIC CENTRE
 DNA Building, Trent University, 2140 East Bank Drive,
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dabdelhakim@nrdpfc.ca <http://www.forensicdna.ca>

CASE SUBMISSION FORM

| | | |
|--|-----------------------------|------------------------|
| <input type="checkbox"/> New Evidence <input type="checkbox"/> Supplementary Evidence | Offence Number/ Case Number | Laboratory File Number |
|--|-----------------------------|------------------------|

| | |
|---------------------------|---|
| Putative Species Involved | Submitted by Location/Township of Occurrence |
|---------------------------|---|

| | |
|------------------------------------|------------------------|
| Name of Organization/ Company Name | Department / Work Unit |
| Street Address | Telephone Number |
| City | Cell Number |
| Province | Fax Number |
| Postal Code | E-mail |

| | | |
|--|------------------------------|--|
| Shipment (Fed-Ex, Purolator, Registered Mail) | Way Bill/Registered Mail No. | Condition of Package <input type="checkbox"/> Dry <input type="checkbox"/> Frozen |
|--|------------------------------|--|

| | |
|--|--|
| Statute of Limitations Expected Trial Date Officer's Signature | Evidence Disposition <input type="checkbox"/> Return Evidence to Agency Shipping Evidence <input type="checkbox"/> Destroy Evidence Upon Completion of Analysis <input type="checkbox"/> Destroy Evidence Upon Expiration of Statute of Limitations. <input type="checkbox"/> Other (describe) |
|--|--|

| | | |
|-------------------------------------|-------------------------|-----------|
| Date and Time Received | Received by [Scientist] | Signature |
| Condition of Packaging Upon Arrival | | |

Note: Gray Boxes for Use by the Natural Resources DNA Profiling & Forensic Centre Only

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| | |
|-----------------------------|------------------------------------|
| Conservation Officer | Offence Number/ Case Number |
| Case Synopsis: | |

| DNA Analyses Required [Indicate if only specific samples require analysis] | | |
|--|---------------|----------------|
| | <u>Yes/No</u> | <u>Samples</u> |
| Individual Identification [Matching Samples] | | |
| Species Identification | | |
| Gender Identification | | |
| Other (please specify) | | |

| | | |
|---|--|---|
| PAYMENT INFORMATION | | |
| Please provide credit card information or a PO number upon case submission to facilitate billing. An invoice will be sent once analysis is complete outlining the amount that will be charged to your credit card. <i>(Please note a 2% service charge will be applied to processing Credit Cards).</i> | | |
| VISA <input type="checkbox"/> | MASTERCARD <input type="checkbox"/> | PO Number <input type="checkbox"/> |
| Card Number: _____ | | |
| Name On Card: _____ | | |
| Expiry Date: Month _____ Year _____ | | |
| PO Number: _____ | | |