Extract Inquiry Form

**Please enter ALL applicable *Case Information* and *Contact Information* fields.**

This form should be used to collect information regarding case samples for possible YSTR, IGG or additional testing from an external laboratory. Extract inquiry forms will not be accepted if required fields are missing. All submitted forms must be typed, complete, correctly filled out, and submitted via email as a Microsoft Word document. We will not accept handwritten or incorrect forms. **Each case being requested must have a separate form.**

**Case Information (REQUIRED BY REQUESTOR):**

Crime Type:  Date of Request:

ME Number:       Complaint Number:

Forensic Biology Case Number:       Voucher Number:

Name of Victim:

**Contact Information (REQUIRED BY REQUESTOR):**

Name of Requestor:       Requesting Agency:

NYPD Contact Name:      NYPD Division:

DAO Contact Name:       DA Office:

NYPD Email:      NYPD Phone:

DAO Email:      DAO Phone:

|  |  |  |
| --- | --- | --- |
| Sample name(s) as listed on report: |  |  |

**FOR INTERNAL USE ONLY:**

Location on sample(s):       Cryobox Number(s):

Concentration (pg/ul):       Total number of samples located:

Degradation Index:       Analyst Initials:

Date Completed:        Discussed and approved at IRC (if applicable)

|  |  |  |
| --- | --- | --- |
| Remaining volume(s) & additional information: |  |  |