Sample Retesting Request Form

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

This form should be used to collect information regarding case samples for possible STR retesting. This form will not be accepted if required fields are missing. All submitted forms must be typed, complete and correctly filled out. We will not accept handwritten or incorrect forms. **Each case being requested must have a separate form. A maximum of 3 samples will be tested per request.**

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

Crime Type:  Date of Request:

Name of Victim:       Complaint Number:

Forensic Biology Case Number:

Date of Report with Sample Results:       Sample name:

Voucher Number:

Date of Report with Sample Results:       Sample name:

Voucher Number:

Date of Report with Sample Results:       Sample name:

Voucher Number:

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

Name of Requestor:       Requesting Agency:

Email:      Phone:

|  |  |  |
| --- | --- | --- |
| Reason for the retesting request: |  |       |