YSTR Testing Request for Familial Search Form

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

This form should be used to request a sample to be released and submitted to an external laboratory for YSTRs testing for familial searching. YSTR sample request 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 sample being requested must have a separate form.**

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

[ ]  All core CODIS loci obtained

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 as listed on the report and amount (ul) requested: |  |       |

**FOR INTERNAL USE ONLY:**

Date of Release:       Amount of Sample Released:

Sample Released To:       Sample Released By:

 [ ]  Discussed and approved at IRC (if applicable)