

Semen and Sperm Detection, Inc.

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Forensic Evidence Submission Form

PLEASE FILL OUT THE SECTION BELOW:

Date: _____

Agency: _____

Case Number: _____

Agency Case Number: _____

Name: _____

Evidence Return (If different than agency): _____

Signature: _____

Address: _____

Phone Number: _____

Fax Number: _____

Activity or Procedures Requested:

Use: Legal Nonlegal

Serology Testing: Acid Phosphatase (AP) Prostate Specific Antigen (PSA) Saliva (HSA)

Microscopic Inspection (ME) Blood (Hb) Sperm Protein (SP) Urine

DNA Extraction Method: DNA IQ Puregene DifferEx

DNA PCR Method: Powerplex YPlex

Comments: _____

Return Method: Please designate how the Samples should be returned after testing.

Pick-Up by an agency member

FedEx (Agency: account # needs to be provided) _____

FedEx (SSDI Account- The charge for FedEx will be added to the bill)

Other (Please specify): _____

LAB USE ONLY

Chain of custody: Evidence Submitted

In Person, by: _____
(Print) (Signature)

By Carrier: _____ No. of Pkgs: _____
(Include Tracking Number)

Receipt Date: _____ Received By: _____

Receipt Time: _____ Receipt Location: _____

Seals Intact Box Manila or White Envelope Plastic Bag Paper Bag

Comments: _____

