

PRESIDENT'S

DNA

INITIATIVE

Advancing Justice Through DNA Technology

Unidentified Human Remains Submission Form

Submitting Agency Information

Submitting Agency: _____ Agency Case No.: _____
 Address: _____ ME/Coroner No.: _____
(If different from above)
 _____ NCIC No.: _____
 _____ CODIS Spec ID No.: _____
 Contact Name: _____ Phone No.: _____ Fax No.: _____
 E-mail Address: _____
 Submitting agency's shipping account (for return shipment of remains unless other arrangements have been made)
 Shipping Company: _____
 Account Number: _____

Evidence Submitted

LAB NO.	ITEM NO.	QUANTITY	DESCRIPTION
Reserved for database use			

Chain of Custody (Required)

Released by: _____
Signature Printed Name Date & Time Released

Released to: _____
Courier Tracking Number

Received by: _____
Signature Printed Name Date & Time Received

Lab Case No:

Additional Required Information

The information found in Medical Examiner/Forensic Pathology, Forensic Anthropologist and Investigator reports is often critical in the CODIS identification process. Using this data, potential match candidates may be included or excluded, reducing the candidate field to the most likely match(es). For skeletal cases, a forensic anthropological analysis is recommended.

Please indicate the reports included with this submission:

Medical Examiner/Forensic Pathologist

Forensic Anthropologist

Investigator (Sheriff, Police Department, etc.)

Medical Examiner and/or Forensic Anthropologist Reports

Please provide a copy of a forensic anthropologist's and/or a medical examiner's report with this completed form. It is very important that we receive copies of these reports. If there are anthropological and pathology reports, please submit both reports. If you have any questions regarding the submission of these reports, please contact Bode Technology, toll free 1-866-263-3443, x787.

Investigator Reports

Additional information used to filter CODIS associations can often be found in the investigative agency's report. Please include a copy of the originating agency's report.

NOTE: These reports are treated as confidential documents and will not be released.

Unidentified Human Remains Related Information

Leave fields blank for sex, age, race and stature if that information has not been determined.

Date Remains Found (MM/DD/YY): _____ Approximate Age: _____

Location Where Remains Found: _____

Sex of Remains: Male Female Approximate Height: _____ Race: _____

Physical Identifiers (scars, tattoos, medical devices, etc.): _____

Collecting Agency Information

Complete this section if the submitting agency is not the agency which recovered the remains OR if there are multiple agency case numbers.

Agency: _____ Agency Case Number: _____

Address: _____

Contact Name: _____ Phone No.: _____ Fax No.: _____

E-mail Address: _____

Potential Match Information

Complete this section if you have any information concerning the possible identity of the unidentified remains.

Investigating Agency: _____ Agency Case Number: _____
(for the missing persons case)

Address: _____ NCIC No.: _____

Contact Name: _____ Phone No.: _____ Fax No.: _____

E-mail Address: _____

Have reference samples for the missing person been previously submitted to CODIS? Yes No

Are reference samples being submitted at the same time as this unidentified remains sample? Yes No