



Bode Technology Missing Persons Program

Unidentified Human Remains Submission Form

Before Bode Technology can begin processing, this form must be filled out in its entirety. Please submit along with the evidence or directly to Bode.Service@bodetech.com. Required sections are noted. Omission of required information will cause a delay in the start of the testing.

Bode Technology Case Number (to be filled out by Lab): _____

Submitting Agency Reference/ Case Number: _____

Select type of service: Standard Service – Turn Around time is as follows: Serology, STR (Short Tandem Repeat), Y-STR & miniSTR analysis: ~12 weeks mtDNA (mitochondrial DNA) Analysis: ~16 weeks					
Expedited Service – Select Turn Around time: SUBJECT TO RESTRICTIONS, AVAILABILITY AND ADDITIONAL FEES APPLY. Please contact Technical Services prior to submission of an Expedited Case. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Serology, STR, Y-STR & miniSTR</td> <td style="width: 50%; border-bottom: 1px solid black;">Mitochondrial DNA Analysis</td> </tr> <tr> <td style="border: none;"> 5 Business Days 10 Business Days 20 Business Days 30 Business Days </td> <td style="border: none;"> 20 Business Days – knowns only 40 Business Days 50 Business Days 60 Business Days </td> </tr> </table>		Serology, STR, Y-STR & miniSTR	Mitochondrial DNA Analysis	5 Business Days 10 Business Days 20 Business Days 30 Business Days	20 Business Days – knowns only 40 Business Days 50 Business Days 60 Business Days
Serology, STR, Y-STR & miniSTR	Mitochondrial DNA Analysis				
5 Business Days 10 Business Days 20 Business Days 30 Business Days	20 Business Days – knowns only 40 Business Days 50 Business Days 60 Business Days				

Case Background and Instructions:
 If this is an additional submission please note previous Bode Technology case number here:

Billing Information (Required)	Method of Payment (Required)
Name:	Purchase Order #:
Name of Agency:	Contract #:
Address:	Credit Card #: (call 1-866-263-3443 x795 to provide)
City/State/Zip:	Grant #:
Office #:	Other:
Fax #:	Bode Quote #:
Email:	

Bode Technology
 10430 Furnace Rd., Suite 107, Lorton, VA
 22079 Bode.Service@bodetech.com
 1-866-263-3443



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Submitting Agency Information (Required)	Authorized Point of Contact (Required)
Name of Agency:	Name:
Address:	Phone #:
City/State/Zip:	Fax #:
Agency Case #:	Email:
ORI #:	Will the submitting agency receive a copy of the Forensic DNA report? Yes No
ME/Coroner #:	
NCIC #:	
NamUs UP #:	

Investigating Agency Information*	Authorized Point of Contact (Required)
<small>*Note: Complete if investigating agency is different from submitting agency</small>	Name:
Name of Agency:	Phone #:
Address:	Fax #:
City/State/Zip:	Email:
Agency Case #:	Will the investigating agency receive a copy of the Forensic DNA report? Yes No

NOTE: Bode Technology's policy indicates that only those listed as an Authorized Point of Contact (POC) will be given information in regards to the testing and results of the respective submitted cases(s). Please list below any additional Authorized POCs.

Additional Authorized Point of Contact	Additional Authorized Point of Contact
Name:	Name:
Agency:	Agency:
Phone #:	Phone #:
Email:	Email:

Additional Authorized Point of Contact	Additional Authorized Point of Contact
Name:	Name:
Agency:	Agency:
Phone #:	Phone #:
Email:	Email:

Additional Authorized Point of Contact	Additional Authorized Point of Contact
Name:	Name:
Agency:	Agency:
Phone #:	Phone #:
Email:	Email:

Bode Technology Case # _____

Submitting Agency Reference Case # _____

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Associated Case Information (complete this section if there is information regarding the possible identity of the unidentified remains)		
Name of the Missing Person:		
Investigating Agency (of the missing person case):		
Agency Case #:	Have reference samples for this missing person been previously submitted to CODIS? Yes No	Are reference samples being submitted at the same time as this unidentified remains sample?*
NCIC #:		
NamUs MP #:		
*NOTE: If yes, please fill out a Family Reference Submission Form for each associated reference.		

Submitted Reports (Required)	
<p>The information found in investigative reports is often critical in the CODIS identification process. The Baltimore City Police Department requires at least one descriptive report be submitted with the unidentified remains. Please call Technical Services at 1-866-263-3443 x795 for any questions regarding acceptable reports for submission.</p>	<p>Please indicate the Reports included with this submission:</p> <ul style="list-style-type: none"> Medical Examiner/ Forensic Pathologist Forensic Anthropologist Investigator (Sheriff, Police Department, etc.) Forensic Odontologist (Dental Records) <p>NOTE: These reports are treated as confidential documents.</p>

Unidentified Human Remains Information	
Required Information	Leave blank if unknown/ not determined
Date:	Sex of Remains: Male Female Unknown
	Approximate Age:
Location Remains Found:	Race:
	Physical Identifiers:

If STR data is obtained, will CODIS entry or search be requested? (Required)	Yes	No
<p>Bode Technology (Bode) is not an NDIS participating laboratory. BCF has a Memorandum of Understanding with Baltimore City Police Department (BCPD) to review and enter eligible STR & Y-STR missing persons, unidentified human remains and family reference sample case submissions into CODIS. Checking this box authorizes BCF to share case information and resulting profile data with BCPD. Pre-approval of cases by BCPD is required. CODIS eligibility for upload will be determined by BCPD. The BCPD will contact the appropriate agencies with the results of any CODIS matches or if additional information is required.</p>		

Bode Technology Case # _____
Submitting Agency Reference Case # _____

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Evidence Submitted*			
Were any samples collected in the state of New York?		Yes	No
*If extracts are submitted, the associated reagent blanks MUST also be included. Please also include the following information: total human quant, total Y quant, volume of extract remaining and reagent blank names associated with samples.			
Item # or Agency ID #	Description (will be reflected on DNA Report as written below)	Check the appropriate boxes for desired testing	Permission to Consume (if necessary)
		STR Y-STR mtDNA	Yes No
		STR Y-STR mtDNA	Yes No
		STR Y-STR mtDNA	Yes No
		STR Y-STR mtDNA	Yes No
		STR Y-STR mtDNA	Yes No
		STR Y-STR mtDNA	Yes No
		STR Y-STR mtDNA	Yes No
		STR Y-STR mtDNA	Yes No
		STR Y-STR mtDNA	Yes No
		STR Y-STR mtDNA	Yes No

All evidence items must be shipped using a traceable carrier (i.e. FedEx, UPS, Priority Mail) with signature required. Overnight shipping is recommended.

Evidence should be shipped to:
Attn: EVIDENCE DEPARTMENT
Bode Technology
10430 Furnace Rd., Suite 107
Lorton, VA 22079

Chain of Custody (Required)		
Released by	Printed Name:	Signature:
Released to	Courier (if applicable):	Tracking # (if applicable):
Released by	Printed Name:	Signature:
Released to	Courier (if applicable):	Tracking # (if applicable):
Received at Bode Technology	Printed Name:	Signature:
	Date:	Time:

I hereby certify that the information provided on this Unidentified Remains Form is accurate to the best of my knowledge. I understand that I will be charged for services according to the pricing that I have received.

Point of Contact Print Name: _____ Date: _____

Point of Contact Signature: _____

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