



FB/DNA Analysis Request (LAB-F.15 Revision Date: July 22, 2021)

DuPage County Crime Laboratory (630) 407-2104
501 N. County Farm Road, Wheaton, IL 60187

LABORATORY CASE NUMBER _____

NEW CASE _____ ADDITIONAL EVIDENCE _____

AGENCY _____ AGENCY CASE # _____

CASE OFFICER OR DETECTIVE TO CONTACT (if different from submission) _____ PHONE _____

REQUESTING EXPEDITED ANALYSIS (list reason e.g. court date, name of ASA assigned, flight risk, etc.) _____

TYPE OF CASE

1) Sexual Assault Agency email address for DNA reports (REQUIRED): _____

All required signatures are on the "Patient Consent/Authorization to Release Information" form, and submitting agency has a copy of that signed form.

This evidence is being submitted in connection with a prior or current criminal investigation.

Printed Name of Certifying Officer _____ Badge # _____

Signature of Certifying Officer _____

- 2) Property Crime (e.g. Burglary, Theft, Property Damage)
 - a. Crime Scene is a location to which the public has regular access.
- 3) Crime Against Person (e.g. Homicide, Armed Robbery, Home Invasion, Assault)
 - a. Crime Scene is a location to which the public has regular access.
- 4) Relationship Testing (e.g. Paternity, Identification)
- 5) Standard Only
 - a. CODIS Hit Confirmation

FB/DNA testing is inherently consumptive. If, in the analyst's opinion, there is sufficient sample for our testing, then no more than half of any sample will be consumed. If not, does the laboratory have permission to consume the evidence? (Information on laboratory consumption of DNA evidence can be found on our website: http://dupageforensics.org/serv_advisories.htm)

Has a person been charged in this case?

- Yes – SAO must give consent for consumptive testing.
 - o Assigned ASA _____
- No, please see below

If no one has been charged (to date) in this case:

- Yes, the agency gives the laboratory permission to consume.
- No, the agency **does not** give the laboratory permission to consume, please hold testing.

STANDARDS SUBMITTED	IF NO, WHY NOT?			HOW OBTAINED?	
	YES	NO	(e.g. unknown, not available)	VOLUNTARY	SEARCH WARRANT/ COURT ORDER
Victim(s)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Suspect(s) (will be included in IL suspect database)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Consensual Partner(s) SEXUAL ASSAULT ONLY	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Other(s): relative, property owner, driver of vehicle, etc.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

ONLY SEXUAL ASSAULT, PROPERTY CRIME, OR CRIME AGAINST PERSON

DEPT #	WHAT BIOLOGICAL EVIDENCE?	WHAT TYPE OF ITEM?	FROM WHERE WAS EVIDENCE COLLECTED?
	<input type="checkbox"/> Blood <input type="checkbox"/> Semen <input type="checkbox"/> Saliva <input type="checkbox"/> Constant Contact <input type="checkbox"/> Visible Smudge <input type="checkbox"/> Hair Other – specify: _____	<input type="checkbox"/> Swab <input type="checkbox"/> SAK <input type="checkbox"/> Cig Butt <input type="checkbox"/> Clothing <input type="checkbox"/> Tool <input type="checkbox"/> Can/Bottle Other – specify: _____	<input type="checkbox"/> Victim's Body <input type="checkbox"/> Evidence left at scene by perpetrator(s), does not belong to victim <input type="checkbox"/> Victim's property touched by perpetrator Other – specify: _____
	<input type="checkbox"/> Blood <input type="checkbox"/> Semen <input type="checkbox"/> Saliva <input type="checkbox"/> Constant Contact <input type="checkbox"/> Visible Smudge <input type="checkbox"/> Hair Other – specify: _____	<input type="checkbox"/> Swab <input type="checkbox"/> SAK <input type="checkbox"/> Cig Butt <input type="checkbox"/> Clothing <input type="checkbox"/> Tool <input type="checkbox"/> Can/Bottle Other – specify: _____	<input type="checkbox"/> Victim's Body <input type="checkbox"/> Evidence left at scene by perpetrator(s), does not belong to victim <input type="checkbox"/> Victim's property touched by perpetrator Other – specify: _____

DEPT #	WHAT BIOLOGICAL EVIDENCE?	WHAT TYPE OF ITEM?	FROM WHERE WAS EVIDENCE COLLECTED?
	<input type="checkbox"/> Blood <input type="checkbox"/> Semen <input type="checkbox"/> Saliva <input type="checkbox"/> Constant Contact <input type="checkbox"/> Visible Smudge <input type="checkbox"/> Hair Other – specify: _____	<input type="checkbox"/> Swab <input type="checkbox"/> SAK <input type="checkbox"/> Cig Butt <input type="checkbox"/> Clothing <input type="checkbox"/> Tool <input type="checkbox"/> Can/Bottle Other – specify: _____	<input type="checkbox"/> Victim's Body <input type="checkbox"/> Evidence left at scene by perpetrator(s), does not belong to victim <input type="checkbox"/> Victim's property touched by perpetrator Other – specify: _____
	<input type="checkbox"/> Blood <input type="checkbox"/> Semen <input type="checkbox"/> Saliva <input type="checkbox"/> Constant Contact <input type="checkbox"/> Visible Smudge <input type="checkbox"/> Hair Other – specify: _____	<input type="checkbox"/> Swab <input type="checkbox"/> SAK <input type="checkbox"/> Cig Butt <input type="checkbox"/> Clothing <input type="checkbox"/> Tool <input type="checkbox"/> Can/Bottle Other – specify: _____	<input type="checkbox"/> Victim's Body <input type="checkbox"/> Evidence left at scene by perpetrator(s), does not belong to victim <input type="checkbox"/> Victim's property touched by perpetrator Other – specify: _____
	<input type="checkbox"/> Blood <input type="checkbox"/> Semen <input type="checkbox"/> Saliva <input type="checkbox"/> Constant Contact <input type="checkbox"/> Visible Smudge <input type="checkbox"/> Hair Other – specify: _____	<input type="checkbox"/> Swab <input type="checkbox"/> SAK <input type="checkbox"/> Cig Butt <input type="checkbox"/> Clothing <input type="checkbox"/> Tool <input type="checkbox"/> Can/Bottle Other – specify: _____	<input type="checkbox"/> Victim's Body <input type="checkbox"/> Evidence left at scene by perpetrator(s), does not belong to victim <input type="checkbox"/> Victim's property touched by perpetrator Other – specify: _____
	<input type="checkbox"/> Blood <input type="checkbox"/> Semen <input type="checkbox"/> Saliva <input type="checkbox"/> Constant Contact <input type="checkbox"/> Visible Smudge <input type="checkbox"/> Hair Other – specify: _____	<input type="checkbox"/> Swab <input type="checkbox"/> SAK <input type="checkbox"/> Cig Butt <input type="checkbox"/> Clothing <input type="checkbox"/> Tool <input type="checkbox"/> Can/Bottle Other – specify: _____	<input type="checkbox"/> Victim's Body <input type="checkbox"/> Evidence left at scene by perpetrator(s), does not belong to victim <input type="checkbox"/> Victim's property touched by perpetrator Other – specify: _____
	<input type="checkbox"/> Blood <input type="checkbox"/> Semen <input type="checkbox"/> Saliva <input type="checkbox"/> Constant Contact <input type="checkbox"/> Visible Smudge <input type="checkbox"/> Hair Other – specify: _____	<input type="checkbox"/> Swab <input type="checkbox"/> SAK <input type="checkbox"/> Cig Butt <input type="checkbox"/> Clothing <input type="checkbox"/> Tool <input type="checkbox"/> Can/Bottle Other – specify: _____	<input type="checkbox"/> Victim's Body <input type="checkbox"/> Evidence left at scene by perpetrator(s), does not belong to victim <input type="checkbox"/> Victim's property touched by perpetrator Other – specify: _____
	<input type="checkbox"/> Blood <input type="checkbox"/> Semen <input type="checkbox"/> Saliva <input type="checkbox"/> Constant Contact <input type="checkbox"/> Visible Smudge <input type="checkbox"/> Hair Other – specify: _____	<input type="checkbox"/> Swab <input type="checkbox"/> SAK <input type="checkbox"/> Cig Butt <input type="checkbox"/> Clothing <input type="checkbox"/> Tool <input type="checkbox"/> Can/Bottle Other – specify: _____	<input type="checkbox"/> Victim's Body <input type="checkbox"/> Evidence left at scene by perpetrator(s), does not belong to victim <input type="checkbox"/> Victim's property touched by perpetrator Other – specify: _____
	<input type="checkbox"/> Blood <input type="checkbox"/> Semen <input type="checkbox"/> Saliva <input type="checkbox"/> Constant Contact <input type="checkbox"/> Visible Smudge <input type="checkbox"/> Hair Other – specify: _____	<input type="checkbox"/> Swab <input type="checkbox"/> SAK <input type="checkbox"/> Cig Butt <input type="checkbox"/> Clothing <input type="checkbox"/> Tool <input type="checkbox"/> Can/Bottle Other – specify: _____	<input type="checkbox"/> Victim's Body <input type="checkbox"/> Evidence left at scene by perpetrator(s), does not belong to victim <input type="checkbox"/> Victim's property touched by perpetrator Other – specify: _____

End of Form LAB-F.15