

Armed Forces DNA Identification Laboratory (AFDIL) CASEWORK REQUEST

Armed Forces Medical Examiner System
Attn: AFDIL Outside Casework Coordinator
 115 Purple Heart Drive, Dover Air Force Base, DE 19902
 Phone: 302-346-8900 FAX: 302-346-8870

DO NOT SUBMIT EVIDENCE BEFORE COMPLETING AND RETURNING THIS FORM FOR FINAL APPROVAL.

WARNING: Do not transmit Personal Health Information (PHI) or Personally Identifiable Information (PII) unless encrypted. Sending documents with PHI/PII by facsimile is permissible if the sender alerts the designated recipient that sensitive PHI/PII is being sent. The recipient must verify by phone or email that the information has been received.

AUTHORITY:	Title 10 USC, Section 1471; American Society of Crime Laboratory Directors/Laboratory Accreditation Board - International Program, ISO/IEC 17025:2005(E). (Form supersedes DNA Form 318).
PRINCIPLE PURPOSE:	To obtain information/specimens needed to evaluate and document forensic DNA testing requests.
ROUTINE USES:	For use by the issuing proponent (Quality Manager/AFDIL) for administrative oversight of services provided by the AFDIL.
DISCLOSURE:	Disclosure of requested information is voluntary. Missing information may prevent acceptance of and/or timely processing of this request.

1. Submitting Agency Name and non-APO/FPO Address:	2. Submitting Agency Case Number:
	3. Type of Offense:

Check One			
4. Are you affiliated with a Federal Agency?	YES	NO	
5. Is this a military case?	YES	NO	
6. Is this a criminal case?	YES	NO	
7. Is this a Surgical Pathology or Patient Care Case?	YES	NO	
8. Does the case have a scheduled hearing/trial date?	YES	NO	If YES, what is the date? _____

9. Brief description of case facts that might assist the laboratory in examining or evaluating the evidence:

10. Evidence and References to be submitted:

11. Check the specific type(s) of testing requested or leave unchecked if unknown:

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12. Turnaround time will vary depending on the number of items submitted, the type(s) of testing performed, and the current workload of the laboratory. If testing requires an expedited turnaround, indicate the reason(s) why:

13. Investigator and Alternate Point of Contact:

Name (Primary):

Name (Alternate):

Telephone (Primary):

Telephone (Alternate):

Email (Primary):

Email (Alternate):

FAX (Primary):

FAX (Alternate):

I hereby declare that the information provided above is accurate to the best of my knowledge. I understand that the completion of this form does not guarantee acceptance of this case. Furthermore, I understand there may be a charge for the testing services provided and I agree to allow AFDIL to select the appropriate methods to be used for testing.

Printed Name

Signature

Date

Please submit completed form by email to usarmy.dover.medcom-afmes.list.afdil-outside-casework@mail.mil or fax to 302-346-8870, Attn: AFDIL Outside Casework Coordinator

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AFDIL USE ONLY

APPROVED: YES NO

Signature

Date

Charge for Case?

YES

NO

Comments: