

FORENSIC CASE SUBMISSION FORM – PRIVATE CASE

CASE INFORMATION

<input type="checkbox"/> New case <input type="checkbox"/> Additional submission	Maxxam File No: If Applicable, Submitter File No:
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CLIENT

Name: Agency: Mailing Address:	Preferred Method of Communication: <input type="checkbox"/> Phone: <input type="checkbox"/> Mobile: <input type="checkbox"/> Fax: <input type="checkbox"/> Email:
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METHOD OF EVIDENCE DELIVERY (to Maxxam)

<input type="checkbox"/> In person (please contact Maxxam at 1-877-706-7678 to arrange an appointment) <input type="checkbox"/> Courier (shipment must be able to be tracked)
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PERSONS TO RECEIVE REPORT

<input type="checkbox"/> Same as Client?	REPORT TO BE SENT VIA:
Name: Agency: Mailing Address:	<input type="checkbox"/> Email: <input type="checkbox"/> Mail: <input type="checkbox"/> Fax: <input type="checkbox"/> Verbal only

REQUESTED TURN AROUND TIME (TAT)

<input type="checkbox"/> Standard (3 weeks) RUSH: <input type="checkbox"/> 10 Days <input type="checkbox"/> 5 Days <input type="checkbox"/> 3 Days NOTE: Anything less than standard 3 week TAT is considered a rush service and cannot be guaranteed without confirmation. Please call Maxxam at 1-877-706-7678 for information regarding rush service fees.

CASE INFORMATION

As applicable, please provide a brief case history as well as purpose of testing including any special instructions or item priority requests.
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EVIDENCE INVENTORY (call to discuss if you need assistance)
If space is insufficient, use additional Case Submission Forms

Evidence # (as assigned by agency)	Description	Source	Permission to Consume (if necessary)	Type of Testing Required * (see below for examples)

* Types of Testing include: Blood, semen, saliva, DNA only, touch/wearer DNA, hair (nuclear DNA only), Y-STR (male DNA only) analysis, relationship testing

CLIENT AUTHORIZATION

Name: _____

Signature: _____ Date: _____

BILLING/PAYMENT INFORMATION – This section must be completed before testing begins

<p>Billing Contact:</p> <p><input type="checkbox"/> Client</p> <p><input type="checkbox"/> Person to receive report (if different from client)</p> <p><input type="checkbox"/> Other: _____</p> <p>Mailing Address: _____ _____ _____</p>	<p>Payment by Credit Card:</p> <p>Credit card No.: _____</p> <p>Type(<i>circle one</i>): VISA / Mastercard / AMEX</p> <p>Expiry (MM/YY): _____</p> <p>Authorization code (3 #'s on back of credit card): _____</p> <p>Name on Card: _____</p> <p>Cardholder address: <input type="checkbox"/> Same as billing address <input type="checkbox"/> Other</p> <p>_____ _____ _____</p>
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NOTE: Please call Maxxam at 1-877-706-7678 for pricing and alternative payment options (Cash, debit, money order or certified cheque). If you don't want to submit payment information online or on this form, please contact us. We will not begin any testing until payment has been arranged.