



Case Submission Form

Email completed form to sigsciagl@signaturescience.com • Include a copy with sample shipment

INSTRUCTIONS: Prior to Evidence/Case submission, request a quote by emailing sigsciagl@signaturescience.com. Once directed, complete this Case Submission Form (CSF). This form must be filled out completely to process your case. Please sign the form to authorize the requested work. Submit the form via email with the subject line **[Agency Name] _CSF_[Quote #]** (e.g., ACME PD_CSF_HS20250101). **Do not tender any evidence.** Once the CSF is received the AGL Evidence Manager will provide sample shipping instructions and coordinate evidence receipt.

Case Information

Submitting Agency	
Submitting Agency Case #	
Date	Quote #
Victim Name(s)	
Suspect Name(s)	
Offense	Date of Offense
Case Summary	

Primary Contact Information

Name
Agency
Address
City/State/Zip
Phone/Fax
Email

Billing Contact Information

☐ Check if same as primary

Name
Agency
Address
City/State/Zip
Phone/Fax
Email

Workflow

Select the desired analysis pipeline.	
<input type="checkbox"/> SNP Microarray Illumina® Infinium Global Screening Array (GSA) on the Illumina iScan	<input type="checkbox"/> Targeted Sequencing Verogen® ForenSeq Kintelligence on the MiSeq FGx
Special Instructions	

Method of Payment

Account Sale	
Account # _____	PO # (Required) _____
Credit Card Sale <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex	
Name _____	
Credit Card # _____	
Expiration _____	Security Code (CVV) _____
Email _____	



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Sample Information

Sample(s) Type: ☐ Swab ☐ Tissue ☐ Blood ☐ Fabric ☐ Bone ☐ gDNA (extract) ☐ Other (specify) _____

Sample Origin: ☐ Unidentified Human Remains (UHR) ☐ Missing Person ☐ Violent Crime (Homicide/Sex Crime) ☐ Reference Testing

Items		Quant Data			Permission to Consume (if necessary)
Item ID#	Description	Total* (μL)	Concentration* (ng/μL)	Degradation Index	
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

* Value required if the sample being considered is an extract.

Sample Return Information

☐ Check if same as primary

Name
Agency
Address
City/State/Zip
Phone/Fax
Email

Authorized POC Information

☐ Check if same as primary

Name
Agency
Address
City/State/Zip
Phone/Fax
Email

I certify the information provided on this Case Submission Form is accurate to the best of my knowledge. I confirm that I authorize Signature Science to perform the above-requested work on the samples described on this form at the listed fees (plus tax, if applicable) and agree to the associated terms and conditions. Furthermore, I certify that I am a duly authorized representative of the Agency indicated above and have the authority to sign this on behalf of my agency and obligate it accordingly.

SIGNATURE _____

Printed Name _____

Title _____

Date _____