

## Forensic Submission Form

Please follow the directions to ensure that the samples submitted to BRT Laboratories, Inc. (BRT) are processed properly. Both forms **must** be completed and submitted to BRT along with the evidence for processing to be initiated.

1. Fill out the section labeled “Submitting Information” with the contact information.
2. Fill out the non-shaded portion of the “Billing Information” section with the correct information. Please note that if this is a private case, the entire payment must be submitted before testing will begin.
3. Fill in the “Report Submission and Evidence Disposition” section.
4. On page two, “Description of Evidence”, list each item separately. If more items are being submitted than are to be tested (i.e. sexual assault kit), please mark which items are to be tested.
5. Under “Test Procedure” please write whether the item is to be screened (i.e., PSA) or receive DNA/STR testing.
6. Write any additional comments or case information that may assist in processing of the evidence.
7. Sign the “Description of Evidence” form. This will act as a chain of custody while samples are in transit.
8. Send both forms along with the evidence. If we do not receive both forms accompanied by payment, we are under no obligation to begin processing the evidence.
9. Mail evidence and forms to the following address:

BRT Laboratories, Inc.  
FORENSICS DEPT.  
400 West Franklin St.  
Baltimore, MD 21201

If you have any questions please feel free to contact our Customer Service Manager, Shelly Korpisz at 410-225-9595, ext. 309.

**Submitting Information**

Authorized Contact: \_\_\_\_\_ Agency: \_\_\_\_\_

Report will be sent to: \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Agency Case ID# \_\_\_\_\_

**Billing Information**

**To be filled in by BRT Laboratories, Inc. only. Do not write in this area.**

Type of Case: [ ] Paternity [ ] Identity [ ] Criminal [ ] Private

Turn around time: (check one): ( ) Normal (6-8 weeks) ( ) Rush (10 business days-50% extra)

Total Number of Items Submitted for:

Extraction & Amplification [ ] Amplification only [ ] PSA or Hematrace [ ]  
Microscopy [ ] Paternity [ ]

Return of Evidence: \$30 additional fee [ ]

Total amount to be paid: \_\_\_\_\_ Billing in the amount of \_\_\_\_\_ has been authorized by \_\_\_\_\_.

Payment Options (check one): ( ) Money Order/Certified Check ( ) Credit Card ( ) Purchase Order

Credit Card \_\_\_\_\_ Exp. Date \_\_\_\_\_ ( ) VISA ( ) MasterCard

Person/Agency Submitting Payment: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Full payment must be received from all private parties prior to initiation of testing. Partial payment will be accepted in non-private cases with the remaining amount to be billed. Billing is subject to prior authorization by BRT Laboratories, Inc. Results will not be released until full payment is received. By signing below, you agree to pay BRT Laboratories Inc. in full for all testing performed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Report Submission and Evidence Disposition**

( ) Mail report to address above ( ) Fax report to \_\_\_\_\_

BRT Laboratories, Inc. does not store evidence. If you would like evidence returned, there is a \$30 fee, otherwise a signature is needed for authorization to destroy the evidence.

I would like to have the evidence submitted to BRT Laboratories, Inc. either: ( ) destroyed ( ) returned

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

