

Louisiana State Police Crime Laboratory
DNA Case Supplemental Information Sheet

Submitting Agency: _____ Agency Case#: _____ SP#: _____

Case Agent: _____ Contact phone #: _____ Contact email: _____

Case Information: LSPCL must evaluate and document all evidence for potential upload to CODIS. Copies of investigative reports are requested to aid in this process. Report attached: Yes Electronic Access provided
 No, List Reason _____

Is this submission based upon follow-up investigation to a CODIS Hit Notification? Yes No

Evidence Priority: Evidence will be analyzed using a priority based system. Please contact the DNA Unit at (225) 925-7791 if exceptional circumstances require additional priority submissions. List the priority of your evidence for analysis (1= highest).

Evidence No.	Evidence Description	Source/ Specific Location of Evidence (Ex. – Suspect’s House, Victim’s Car, Crime Scene)
1		
2		
3		
4		
5		

Suspect References: List Suspect samples. Note any limitations or exclusions that may prohibit searching in CODIS and attach a written explanation of the circumstances that exist.

	Suspect Name	SSN / DOB	Indicate with a check mark (√) if any limitations or exclusions exist:
1		/	<input type="checkbox"/> YES, see attached explanation
2		/	<input type="checkbox"/> YES, see attached explanation
3		/	<input type="checkbox"/> YES, see attached explanation
4		/	<input type="checkbox"/> YES, see attached explanation
5		/	<input type="checkbox"/> YES, see attached explanation

References Not Submitted: Standard procedures require comparisons of the suspect and victim to the forensic evidence. If reference samples are not received within 30 days of submission of evidence, the case request may be closed and evidence returned unless sufficient justification is indicated below. Additionally, elimination samples are requested if available.

	Name of References NOT Submitted	Reason Not Collected	Sample Type
1			<input type="checkbox"/> Victim <input type="checkbox"/> Suspect <input type="checkbox"/> Elimination
2			<input type="checkbox"/> Victim <input type="checkbox"/> Suspect <input type="checkbox"/> Elimination
3			<input type="checkbox"/> Victim <input type="checkbox"/> Suspect <input type="checkbox"/> Elimination
4			<input type="checkbox"/> Victim <input type="checkbox"/> Suspect <input type="checkbox"/> Elimination