



DNA DATABANK SPECIMEN SUBMISSION FORM



10562665A

A. ORI # _____

B. Submitting Agency Full Name (No Abbreviations)

DNA Sample
Envelope



10562665A

Micro
Card



10562665A

Please Print

C. Contact Person: _____

D. Telephone: () _____

E. Offender Case / ID #: _____

Offender Name (Print)	H. D.O.B.	I. NYSID Number (also write NYSID number on the DNA sample)	J. Sex
F. Last:	____ / ____ / ____	_____	M
G. First:			F

K. Offender's Signature: _____ Date: ____ / ____ / ____

L. Specimen Collector: On the date below, I certify that I obtained a biological specimen from the individual identified on this form. In addition, I placed a barcode on the stain card and the DNA sample envelope used to collect this individual's biological specimen which matched the barcode on this form.

Print Name

Signature

Date

NOTE: SPECIMEN WILL NOT BE ACCEPTED WITHOUT A FINGERPRINT

LEFT INDEX

RIGHT INDEX

REPRINTS

FOR DCJS / DOCS USE ONLY
FINGERPRINT VERIFICATION

ID# and Initials: _____ Date: _____

Check the box or boxes that apply.

- ☐ The fingerprints of the individual providing a DNA sample (either recorded on this form or captured electronically) were compared to the fingerprint images on file at DCJS associated with the NYSID number noted on this form and found to be the same.

The fingerprint impressions recorded on this specimen submission form or captured electronically:

- ☐ Are not those of the individual associated with the NYSID number written on this form.
- ☐ Do not contain sufficient detail to make a positive identification.

☐ Other (comments): _____

Return Original to: NYS Division of Criminal Justice Services

IMPORTANT

Barcodes and **NYSID** number must be placed in the proper area on the FTA card and sample envelope as illustrated below.

