

FORENSIC LABORATORY
DNA CASE SUPPLEMENTAL FORM

Request Number: _____

Lab Case Number: _____

(Lab Use Only)

THE FOLLOWING ARE GUIDELINES FOR ITEM LIMIT PER TYPE OF CASE				Date: _____
Sexual Assault Kit-Plus 1 condom, 1 pair underwear No kit-5 items	Homicide 1 victim and 1 Suspect-5 items More than 1 victim or suspect- 8 items	Burglary/Property Crime 2 items	Assault/ Robbery / Felon in Possession/Crimes against Persons 3 items	
Investigating Agency: _____		Investigator: _____		
Agency Case #: _____		Email: _____		
List submitted item number from WVSP Form 53. Answer the questions in regards to each item submitted.	Where was item found? Can use more than one. 1. Victim Home 6. Point of Entry 2. Victim Clothing 7. Suspect Home 3. On Victim 8. On Suspect 4. Crime Scene 9. Suspect Clothing 5. Escape Route 10. Other (explain)	How is this item directly related to the crime being charged? Can use more than one. 1. Weapon Used 2. Clothing worn by suspect 3. Clothing worn by victim 4. Item left behind by perpetrator during commission of crime 5. Biological fluid left by perpetrator during commission of crime 6. Item known to be handled by suspect 7. Biological fluid possibly from victim 8. Other (explain)	What question are you trying to answer with DNA? 1. Whose blood is on the item? 2. Whose semen is on item? 3. Whose saliva is on item? 4. Who handled the item? 5. Who was wearing the item? 6. Other (explain)	
1:				
2:				
3:				
4:				
5:				
6:				
7:				
8:				
Known #1: _____ <input type="checkbox"/> Victim <input type="checkbox"/> Suspect <input type="checkbox"/> Elimination <input type="checkbox"/> Consensual Partner				
Known #2: _____ <input type="checkbox"/> Victim <input type="checkbox"/> Suspect <input type="checkbox"/> Elimination <input type="checkbox"/> Consensual Partner				
Known #3: _____ <input type="checkbox"/> Victim <input type="checkbox"/> Suspect <input type="checkbox"/> Elimination <input type="checkbox"/> Consensual Partner				
Additional Questions for Property Crimes		Additional Questions for Homicide/Crimes Against Persons:		
1. If cigarette submitted: Does victim smoke? <input type="checkbox"/> Yes Brand Smoked: _____ Brand Submitted: _____ <input type="checkbox"/> No <input type="checkbox"/> N/A 2. If suspected biological fluid: Could biological fluid be from homeowner, owner of vehicle or someone other than the perpetrator? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain Below		1. Who was believed to be bleeding? _____ 2. What weapon was believed to be used? _____ 3. Has the victim known been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No If deceased; please obtain from the medical examiner's office. 4. Has suspect known been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No (known is still required for comparison even if suspect is in the CODIS database.) 5. Did perpetrator have prior access to the crime scene? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure 6. Did victim and perpetrator have contact prior to the crime? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		
Use for any additional explanations		Additional Questions for Sexual Assault		
		1. Did ejaculation occur? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If yes, where? _____ 2. Was a condom used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure 3. What body cavities were penetrated? <input type="checkbox"/> Vaginal <input type="checkbox"/> Anal <input type="checkbox"/> Oral <input type="checkbox"/> Unsure 4. Is there a consensual partner? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the known submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to obtain (Please explain) 5. Number of Assailants? _____ 6. Loss of consciousness? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		