



5612 SW Green Oaks Blvd – Bldg. D  
 Arlington, TX 76017  
 800-224-9551

## CUSTOM TEST ORDER FORM – ACCOUNT CLIENT

Case # \_\_\_\_\_ Test Requested \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES (please print all information)**

Client's Name: \_\_\_\_\_ Password: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Results to be reported/discussed by:  Regular Mail  Email  Phone (password required)  Fax (secured only)

**EVIDENCE / TEST REQUESTED**

Item #	Description

**EVIDENCE RETURN OPTIONS (Choose One)**

Return via standard U.S. Mail to address listed below

Return via Airborne Express to address listed below (\$25 fee)

Dispose of evidence items two months after analysis.

Payment info:  Check or Money Order

Credit Card  Visa  Master Card  American Express

Card Number \_\_\_\_\_ Expiration date: \_\_\_\_\_ SEC 3 digit code: \_\_\_\_\_

Name on card: \_\_\_\_\_ Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I authorize testing as listed above and agree/allow AccuTrace to charge the fees to the credit card listed.

\_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Evidence Receipt (For LABORATORY Use Only)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Storage: \_\_\_\_\_

IDG Log-In: Date Stamp & Initial: \_\_\_\_\_

Received via:     Mail           Tracking number: \_\_\_\_\_

                  In person   Name :           \_\_\_\_\_

Package description: \_\_\_\_\_

The package/items were received intact with no evidence of tampering:    Yes                                No

**Transfer Log (For LABORATORY Use Only)**

From:	To:	Date:	Storage:

Evidence Disposition: \_\_\_\_\_

**TEST AUTHORIZATION**

Service	Description/Comments	Quantity
Test Requested		
DNA Testing	Reference sample*	
	Non-standard or Bone sample*	
Evidence Screening	Any item of evidence	
Semen Detection	Any item of evidence	
	Additional evidence item (submitted w/original)	
Blood Detection	Any item of evidence	
DNA Test	Any item. A positive semen, blood, or evidence screening must precede this test	
	Reference sample (each buccal swab)	
Consultation	Case review, expert consultation	
Expert Witness Testimony	Per day, plus expenses	
STAT (next business day)		
STAT (3 business days)		
<b>GRAND TOTAL</b>	Sum of "Total Cost" column	

I authorize testing to be performed on my samples and agree to the price, and results to be delivered by the method(s) chosen above.

Client's Signature	Date
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