



3921 W. Green Oaks Blvd. #D
Arlington, TX 76016
(817) 496-1600

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)		
GRAND TOTAL	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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