



Forensic Case Submission Form

Contract between the Customer and LSD&FC

LSD&FC Case No: _____

A. Customer Submitting the Case & Case Submission History:

First Name:	Middle Initial:	Last Name:
Agency Name (If an Agency):		Agency Case No.
Full Address:		
City/State:		
Phone:	Email:	
Case Submission History:		
<input type="checkbox"/> New <input type="checkbox"/> Resubmission for LSD&FC Case #: _____		

B. Contract Terms for Analysis

The Lagos State DNA & Forensic Center (LSD&FC) is an ISO 17025:2017 certified forensic laboratory. **By submitting a case to LSD&FC, the customer agrees that:**

- LSD&FC will choose the appropriate course of analysis based on several criteria, including, but not limited to the type of evidence submitted and the technology available to its technical personnel.
- The appropriate course of analysis may include sending the evidence to another ISO certified laboratory for analysis.
- All information required on this form will be provided. The Center will work with the customer in clarifying request(s) for analysis, if necessary, and will maintain communication with the customer regarding the completion of the analysis.
- A copy of the report shall be forwarded to the Director of Public Prosecution, Lagos State Ministry of Justice and/or uploaded to a secure and private portal where authorized Lagos State Ministry of Justice personnel who have a need to see can access remotely.
- The forensic services provided, and report will be kept confidential and protected to the full extent permitted by law.
- You will be responsible for all cost associated with the forensic testing/support unless the fee is waived.

C. Turnaround Time:

Normal Processing RUSH Processing (Additional cost may apply)

D. Authorized Point(s) of Contact

Same as Client Submitting Case: Yes No
 In addition, LSD&FC is authorized to speak with the individual(s) below:

Name:	Name:
Agency:	Agency:
Address:	Address:
City/State:	City/State:
Email:	Email:
Phone:	Phone:

E. Who should get the report?

Same as Client Submitting Case: Yes No
 Please send the report to the individual(s) below:

Name:	Name:
Agency:	Agency:
Address:	Address:



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City/State/Zip	City/State/Zip
Email:	Email:
Phone:	Phone:
Any other information:	Any other information:
Preferred Method for Report Delivery: <input type="checkbox"/> Courier/Mail (additional cost applies) <input type="checkbox"/> E-Mail <input type="checkbox"/> Pick-up	Preferred Method for Report Delivery: <input type="checkbox"/> Courier/Mail (additional cost applies) <input type="checkbox"/> E-Mail <input type="checkbox"/> Pick-up

F. Case Information (use more sheets if necessary)

Suspect, Accused or Convict	First Name:	Middle Initial:	Last Name:
Victim, Survivor or Person-of-Interest	First Name:	Middle Initial:	Last Name:

Case Type/Offense:

Trial Date if known:

Brief Case History (**Include date, time, location of the incident as well as the names and age of parties involved in the incident**):
Use extra sheets if necessary and attach to this form.

Date of Incident: _____ Date of this Report: _____



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G. Evidence Return Information

Same as Customer Submitting Case: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please return to this Individual <input type="checkbox"/> →	Name:
Evidence will be picked up: <input type="checkbox"/> Yes <input type="checkbox"/> No	Agency:
Destroy any leftover Evidence after testing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Address:
Other: <input type="checkbox"/>	City/State:
	Email:
	Phone:
	Any other information:

H. Payment Information (to be completed if applicable):

<i>For Contract Casework Submissions:</i>	
Please send invoice to this Individual <input type="checkbox"/> →	Name:
Signed Court Order Attached: <input type="checkbox"/>	Agency:
Purchase Order (PO) Attached: <input type="checkbox"/>	Address:
Bill According to Contract #:	City/State:
Charge Credit/Debit Card below: <input type="checkbox"/>	Email:
	Phone:
	Any other information:

I. For Private Casework Submissions (payment is expected prior to testing)

Please select payment method: (Checks drawn on a Nigerian bank should be made Payable to LSD&FC)
 Submitted with Case Check Cash POS Wire/Bank Transfer Discover Verve

J. Bank Account Information for Bank/Wire Transfer and Deposit

Bank Name: <i>Providus Bank</i>	
Account Name: <i>Lagos State DNA & Forensic Center</i>	
Account Number: <i>1400145982</i>	
Person Paying:	
First Name: _____	Last Name: _____
Signature: _____	Date: _____

K. Physical Evidence Submitted

Agency Item #:	Evidence or Reference:	Description:	Permission to Consume:	Testing LSD&FC Use Only
	<input type="checkbox"/> Evidence <input type="checkbox"/> Reference		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Screen for Blood <input type="checkbox"/> Screen for Semen <input type="checkbox"/> STR <input type="checkbox"/> Y-STR
	<input type="checkbox"/> Evidence <input type="checkbox"/> Reference		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Screen for Blood <input type="checkbox"/> Screen for Semen <input type="checkbox"/> STR <input type="checkbox"/> Y-STR
	<input type="checkbox"/> Evidence <input type="checkbox"/> Reference		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Screen for Blood <input type="checkbox"/> Screen for Semen <input type="checkbox"/> STR <input type="checkbox"/> Y-STR



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<input type="checkbox"/> Evidence <input type="checkbox"/> Reference	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Screen for Blood <input type="checkbox"/> Screen for Semen <input type="checkbox"/> STR <input type="checkbox"/> Y-STR
<input type="checkbox"/> Evidence <input type="checkbox"/> Reference	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Screen for Blood <input type="checkbox"/> Screen for Semen <input type="checkbox"/> STR <input type="checkbox"/> Y-STR

L. Authorization

I hereby authorize LSD&FC to perform forensic testing on the samples submitted. I understand that i) unless the applicable fees are waived testing will not be performed until payment is received, ii) testing may not proceed if information and physical evidence submitted are incomplete and iii) a copy of the final report will be sent to the Lagos State Ministry of Justice, Lagos, Nigeria.

Signature: _____

Date: _____

M. Shipment to the Lab

Please send your evidentiary items, completed Forensic Case Submission Form, chain-of-custody form and evidence of payment to: LSD&FC, 48 Broad Street, Lagos Island, Lagos, Nigeria. We are available to discuss your case. Call +234(0)705-393-9366 or +234(0)905-552-4745 and/or email info@LSDFC.ORG if you have any question.

Do not write in the box below – LSD&FC Use Only

N. Person Receiving Case and/or Completing Form: Name/Sign: _____

Date: _____

O. Person Reviewing Completed Form: Name/Sign: _____

Date: _____

P. Case Review by Analyst

Name/Signature of Analyst: _____

Date: _____