



Forensic Case Submission Form

Contract between the Customer and LSD&FC

LSD&FC Case No: _____

A. Customer Submitting the Case and/or Providing Case 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 Case <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 currently "inactive" due to vandalization in 2020 that destroyed its laboratory. ITSI-Biosciences, Johnstown, PA, USA and Concurrent Technologies and Services (CTS) Nigeria, Ltd established LSD&FC and are contracted to operate LSD&FC for Lagos State. **By submitting a case you agree 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 evidence to ITSI-Biosciences, LLC, Johnstown, PA, USA.
- All information required on this form will be provided. LSD&FC 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.
- For criminal cases in Lagos State, a copy of the final report shall be forwarded to the Attorney General and Commissioner for Justice and Director of Public Prosecution, Lagos State Ministry of Justice and uploaded to a secure and private portal where only authorized Lagos State Ministry of Justice personnel who have a need to see/know can access.
- The forensic services provided, and report will be kept confidential and protected to the full extent permitted by applicable laws.
- You or your Agency will be responsible for all cost associated with the forensic testing/support unless the fee is waived.
- LSD&FC is not a storage facility. Submitted evidentiary items must be picked up within 60 days of submission if a decision is made not-to-proceed. After 60 days, all items will be destroyed, without further notice, unless an agreed fee is paid for storage/return.

C. Turnaround Time:

Normal Processing (estimate is 8 – 12 weeks) RUSH Processing (estimate is 4 – 8 weeks, additional fee applies).

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:
-------	-------



Forensic Case Submission Form

Contract between the Customer and LSD&FC

LSD&FC Case No: _____

Agency:	Agency:
Address:	Address:
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(s), Accused or Convict(s)	First Name:	Middle Initial:	Last Name:
Victim(s), Survivor or Person-of- Interest	First Name:	Middle Initial:	Last Name:
Case Type/Offense:			
Trial Date if known:			
Brief Case History <i>(Include date, time, location of the incident as well as the names and age of parties involved in the incident):</i> Use extra sheets if necessary and attach to this form.			
Date of Incident: _____ Date of this Report: _____			



Forensic Case Submission Form

Contract between the Customer and LSD&FC

LSD&FC Case No: _____

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 CTS)
Submitted with Case <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> POS <input type="checkbox"/> Wire/Bank Transfer <input type="checkbox"/> Credit Card <input type="checkbox"/> Verve

J. Bank Account Information for Bank/Wire Transfer and Deposit	
Bank Name: FCMB	
Account Name: Concurrent Technologies And Services Ltd	
Account Number: 0424611018	
Person Paying:	
First Name:	Last Name:
Signature:	Date:

K. Physical Evidence Submitted				
Agency Item #:	Evidence or Reference:	Description:	Permission to Consume:	Testing Required (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"/> Tox. <input type="checkbox"/> Fingerprint. <input type="checkbox"/> Trace evidence <input type="checkbox"/> Drug. <input type="checkbox"/> Data. <input type="checkbox"/> Other
	<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"/> Tox. <input type="checkbox"/> Fingerprint. <input type="checkbox"/> Trace evidence <input type="checkbox"/> Drug. <input type="checkbox"/> Data. <input type="checkbox"/> Other
	<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"/> Tox. <input type="checkbox"/> Fingerprint. <input type="checkbox"/> Trace evidence <input type="checkbox"/> Drug. <input type="checkbox"/> Data. <input type="checkbox"/> Other



Forensic Case Submission Form

Contract between the Customer and LSD&FC

LSD&FC Case No: _____

<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"/> Tox. <input type="checkbox"/> Fingerprint. <input type="checkbox"/> Trace evidence <input type="checkbox"/> Drug. <input type="checkbox"/> Data. <input type="checkbox"/> Other
<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"/> Tox. <input type="checkbox"/> Fingerprint. <input type="checkbox"/> Trace evidence <input type="checkbox"/> Drug. <input type="checkbox"/> Data. <input type="checkbox"/> Other

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) **if applicable**, 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/CTS, 48 Broad Street, Lagos Island, Lagos, Nigeria. We are available to discuss your case.

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:** _____