



**WISCONSIN DNA DATABANK
BUCCAL SWAB COLLECTION KIT
SUBMISSION FORM**

DJ-LE-106 Rev.
7/2/2015

If you have questions regarding this process, please contact the Madison Crime Laboratory and ask for the State CODIS Administrator or a Databank Supervisor.

Affix Barcode Label Here

**Wisconsin DNA Databank: 608-266-2031
4706 University Ave Madison WI 53705-2174**

**PLEASE FOLLOW THE INSTRUCTIONS, FAILURE TO FILL THE SUBMISSION FORM OUT CORRECTLY
WILL RESULT IN THE SAMPLE BEING UNUSABLE.**

SUBJECT IDENTIFIERS : Please complete all information present.

LAST NAME:		FIRST NAME:		MIDDLE NAME / INITIAL:
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female		RACE: <input type="checkbox"/> White (W) <input type="checkbox"/> Asian/Pacific Islander (A) <input type="checkbox"/> Black (B) <input type="checkbox"/> Native American/ Alaskan Native (I)		
DATE OF BIRTH (mm/dd/yyyy): ____ / ____ / ____				
STATE IDENTIFICATION NUMBER (SID) :		ARREST TRACKING NUMBER (ATN) :		

QUALIFIER : Please indicate DNA collection event.

PURSUANT TO ARREST (ADULT AND JUVENILE) Violent Felony _____ STATUTE _____ Warrant ARR. DATE _____		PURSUANT TO "DNA COLLECTION NEEDED" <input type="checkbox"/> SAFE Team <input type="checkbox"/> Crime Lab Recollect List <input type="checkbox"/> Missed Collection Event
PURSUANT TO CONVICTION (ADULT AND JUVENILE) _____ STATUTE _____ <input type="checkbox"/> Misdemeanor (Juvenile) _____ ADJ. DATE _____ <input type="checkbox"/> Misdemeanor (Adult) _____ OFF. DATE _____ <input type="checkbox"/> Felony _____ CONV. DATE _____ <input type="checkbox"/> Interstate Compact (DOC Only)		

CHECK CIB COMPUTERIZED CRIMINAL HISTORY : IF CONVICTION DNA IS ON FILE DO NOT COLLECT A DUPLICATE.

COLLECTION : Please complete agency information.

AGENCY NAME: Identify the agency that collected the sample.	DATE OF COLLECTION (mm/dd/yyyy): ____ / ____ / ____
COLLECTED BY:	AGENCY CONTACT PERSON:
ORIGINATING AGENCY CASE NUMBER (OPTIONAL):	AGENCY EMAIL:
	AGENCY CONTACT NUMBER:

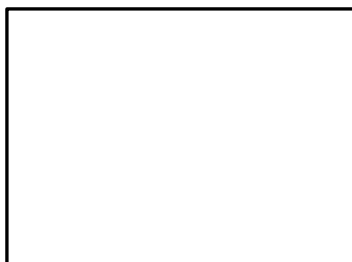
FINGERPRINTS

Place one fingerprint from each of the subject's index fingers in the boxes below. Also, place the right index fingerprint on each of the yellow swab envelopes.

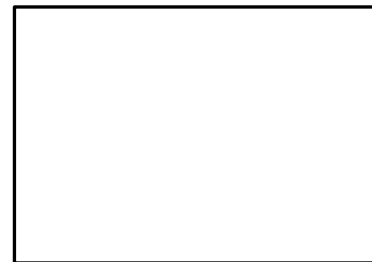
CHECKLIST :

- Submission form filled out completely
- Legible fingerprints collected on form
- Legible fingerprints collected on both envelopes
- Collected and/or printed a separate 10 print card and enclosed in submission envelope with form
- Collected two buccal swabs and placed in separate envelopes

PLEASE MAIL OUT WITHIN 24 HOURS.



LEFT INDEX FINGER



RIGHT INDEX FINGER