

CUI (WHEN FILLED IN)

**Armed Forces DNA Identification Laboratory (AFDIL)  
CASEWORK REQUEST**

Armed Forces Medical Examiner System  
115 Purple Heart Drive, Dover Air Force Base, DE 19902  
Phone: 302-346-8900

**DO NOT SEND ANYTHING UNTIL THIS FORM IS SUBMITTED AND THE CASE HAS BEEN APPROVED!**

**WARNING: Do not transmit Personal Health Information (PHI) or Personally Identifiable Information (PII) unless encrypted.**

<b>AUTHORITY:</b>	Title 10 USC, Section 1471; ANSI National Accreditation Board, ISO/IEC 17025:2017(E).
<b>PRINCIPLE PURPOSE:</b>	To obtain information/specimens needed to evaluate and document forensic DNA testing requests.
<b>ROUTINE USES:</b>	For use by the issuing proponent (Quality Manager/AFDIL) for administrative oversight of services provided by the AFDIL.
<b>DISCLOSURE:</b>	Disclosure of requested information is voluntary. Missing information may prevent acceptance of and/or timely processing of this request.

<b>1. Submitting Agency Name and non-APO/FPO Address:</b>	<b>2. Submitting Agency Case Number:</b>
	<b>3. Type of Offense:</b>

	<u>Check One</u>		
<b>4. Are you affiliated with a Federal Agency?</b>	<b>YES</b>	<b>NO</b>	
<b>5. Is this a military case?</b>	<b>YES</b>	<b>NO</b>	
<b>6. Is this a criminal case?</b>	<b>YES</b>	<b>NO</b>	
<b>7. Is this a Surgical Pathology or Patient Care Case?</b>	<b>YES</b>	<b>NO</b>	
<b>8. Does the case have a scheduled hearing/trial date?</b>	<b>YES</b>	<b>NO</b>	<b>If YES, what is the date? _____</b>

**9. Brief description of case facts that might assist the laboratory in examining or evaluating the evidence:**

**10. Evidence and References to be submitted:**

**11. Check the specific type(s) of testing requested or leave un-checked if unknown:**

**STR                      Y-STR                      MITO**

