

Ryan Forensic/Advanced Serology Lab Case Number (to be filled out by lab) _____

Submitting Agency Reference/Case Number: _____

In order to process your case, this form must be filled out in its entirety. You may submitted the completed form by email or fax. A copy of the completed form must also be submitted with the evidence. Prior to submitting a case, please contact us at: 949-973-7588 or info@ryanforensicdna.com.

Client Information (Individual Submitting Case)		<input type="checkbox"/> Send Report
Name:		Phone No:
Agency:		Fax No.:
Address:		Email:
Address:		City/State/Zip

Authorized Point of Contact: <input type="checkbox"/> Send Report	Additional Point of Contact: <input type="checkbox"/> Send Report
Name:	Name:
Agency:	Agency:
Address:	Address:
Address:	Address:
Phone No:	Phone No:
Email:	Email:

Billing Information: (if different than Client Info)	Method of Payment:
Name:	<input type="checkbox"/> Purchase Order #
Agency:	<input type="checkbox"/> Contract #
Address:	<input type="checkbox"/> Credit Card (Call 949-973-7588 to provide)
City/State/Zip	<input type="checkbox"/> Other
Phone No:	
Email:	

I hereby certify that the information provided on this Case Submission Form is accurate to the best of my knowledge and understand that Advanced Serology Laboratory will only communicate information pertaining to this case to the authorized contacts listed above. I also understand that I agree to be charged for services according to the fee schedule that I have received.

Signature: _____

Print Name: _____

Date: _____

Case Submission Form

Select A Type of Service:

Standard Service: 30 days

Rush Service: *(Subject to availability. Additional fees apply.)*

Same Day Service
 1 Week
 2 Weeks
 3 Weeks

Case Description and Testing Instructions:

Your Item #:	Description	Type of Testing Requested
		<input type="checkbox"/> Serology Testing <input type="checkbox"/> M-Vac DNA Collection <input type="checkbox"/> Other
		<input type="checkbox"/> Serology Testing <input type="checkbox"/> M-Vac DNA Collection <input type="checkbox"/> Other
		<input type="checkbox"/> Serology Testing <input type="checkbox"/> M-Vac DNA Collection <input type="checkbox"/> Other
		<input type="checkbox"/> Serology Testing <input type="checkbox"/> M-Vac DNA Collection <input type="checkbox"/> Other

Evidence Return Address (If different than Client Info)

Name
Agency
Address
City/State/Zip

All evidence items must be hand-delivered or shipped using a traceable carrier (FedEx, UPS, Priority Mail, DHL) via overnight shipping, if possible. Evidence should be shipped to:

Ryan Forensic/Advanced Serology Laboratory
 ATTN: Evidence Receiving
 6211 Yarrow Drive, Suite B, Room 2
 Carlsbad, CA 92011