

 <b>State Police</b>	<h1>Cold Casework Request</h1>	
		Date:

**Instructions:** (Form to be completed by Requestor)

- The information within this form will be reviewed by NYSP Forensic Investigation Center (FIC) - Biological Science Section cold case personnel and used to determine the potential for re-analysis of previously tested evidence or the submission of additional evidence for evaluation.
- If additional testing may produce probative forensic information, a maximum of 10 evidence items will be evaluated in the first testing round.

**Law Enforcement Requestor**

Name (Last, First, MI)	Rank	Agency Name		
Street Address	City	State	Zip	
Phone #	Email			
Agency Case # (List all Incident and/or Lab Case #s previously associated with the case.)	Current Lab Case #			

**Case Information**

Victim Name (Last, First, MI)	Victim DOB (mm/dd/yyyy)	Suspect Name (Last, First, MI)
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**Cold Case Background Questions**

	Yes	No	N/A
Was a cold case review meeting or teleconference held with lab personnel?			
Were reference and evidence items stored refrigerated and/or frozen?			
Is there evidence not previously tested by the NYSP FIC being submitted? If yes, please provide a list of the evidence items that were collected but not previously tested. Use 'Additional Information' field (below) to list the items or attach a list to this request form.			
Are there any new and/or untested reference sample(s) from suspect(s) that need to be tested and potentially compared to previously developed DNA profiles?			
Were there any unknown probative DNA profiles previously developed?*			
Are direct reference samples from all victim(s)/suspect(s) available for testing?			
If direct reference samples from victim(s)/suspect(s) are not available for testing, can samples from closely related relatives (e.g. biological parents, children, and/or siblings) be secured for comparison?			
Have any laboratories other than the NYSP FIC processed items for this case? If yes, please provide the name(s) of the laboratory and attach copies of the reports.			

Name(s) of the laboratory:

Comments/Additional Information:

**\*For Laboratory Use Only\***

Case Review and Synopsis completed?	Review and Synopsis Completion Date:					
Additional follow up with LEA required?	Follow up Contact Date:					
*Profile(s) currently searched in CODIS?	SDIS	Yes	No	NDIS	Yes	No
CODIS Inquiry/Review performed by:						
Approved	Denied	Reviewed by:			Reason for Denial:	