

Ref. Memo No. _____

Dated: _____

AUTHORIZAION CERTIFICATE

Certified that the O/o Director Forensic Science Laboratory, Punjab, Phase-4, SAS Nagar has the authority to examine the exhibits to FIR No. _____ Dated: _____

U/Section _____ P.S. _____

and also to take portions thereof or to utilize for the purpose of examination.

(Signature, Seal and Designation
Of the forwarding Authority)

N.B.:

1. Requisition for forensic examination should be forwarded by police officer not below the rank of DCP/SP
2. Sample seals (in wax) should be legible, intact, covered with envelope.
3. All the exhibits forwarded should be clearly and properly packed, sealed and labeled. A specimen seal used on parcel should be affixed in submission form.
4. All the necessary papers/copies of FIR/Post mortem report/Medico Legal Certificate etc. should be attested by the forwarding authority/gazette officer.
5. Fill all the necessary forms of FSL Punjab for case submission.
6. Specimen seal used by medical officer in medico-legal case should be provided invariable.
7. All/control/reference blood samples for DNA Profiling test should be sent in EDTA coated tubes and non EDTA tubes and must be carried in ice container.
8. Duty filled Biological Specimen Authentication form in duplicate in respect of each donor should be attached with samples.
9. Case submitted with incomplete information/documents will not be accepted.
10. Exhibits to be submitted to laboratory by messenger only.

EVIDENCE SUBMISSION FORM

1. CASE INFORMATION:

FIR _____ DATED _____ U/S _____
_____ PS _____

FULL ADDRESS OF SUBMITTING AGENCY _____

TELEPHONE _____

DELIVERING AGENT _____ DESIGNATION _____

PS _____ PHONE NO. _____

EMAIL ID _____

SIGNATURE _____

2. TYPE OF CASE:

DISPUTED PATERNITY/DISPUTED MATERNITY/CRIMINAL PATERNITY

SEXUAL ASSAULT

HOMICIDE

HUMAN IDENTIFICATION

ABORTUS FETUS IDENTIFICATION

(SIGNATURE OF SHO)

POLICE STATION _____

DATED _____

CHAIN OF CUSTODY

CASE INFORMATION:

FIR NO. _____ DATED _____ U/S _____

PS _____

NAME OF THE INVESTIGATING OFFICER _____

DESIGNATION _____

TOTAL NUMBER OF PARCELS _____

PARCEL NO.	NO. OF SEALS	SEAL IMPRESSION	DESCRIPTION OF PARCELS	PLACE, DATE & TIME OF COLLECTION OF PARCEL/EXHIBIT (S)

SIGNATURE OF INVESTIGATING OFFICER

POLICE STATION _____

DATED _____

SEXUAL ASSAULT VICTIM INFORMATION FORM

1. Victim Name _____ MRP/PMR No. _____

Address _____

Age _____ Sex _____ Religion Cast _____

Identification Mark _____

Whether The individual or Victim is Physically/Mentally Challenged or Not _____

Date of Examination _____ Date of Assault _____

Sexual Assault Examiner _____

Hospital Name _____

Hospital Address _____

Hospital Tele. No. _____

2. DETAIL OF ASSUALT

(e.g. Oral, rectal, vaginal, penetration/contact. Perpetrator, penetration of patient with fingures or foreign object, oral contact by perpetrator, oral contact by patient, ejaculation, if know by patient, other injuries.) _____

3. PREGNANCY TEST TO DETERMINE PRE-EXISTING PREGNANT ONLY YES NO

4. PRIOR TO EVIDENCE COLLECTON VICTIM HAS

a Bathed/Urinated/Defected/Virgited/Had Food Or Drink/Changed Clothes/Brushed Teeth or Used Mouthwash/None of These

b Whether Blood And/or Urine Sample Sent For Rape Drug Testing _____

5. AT TIME OF ASSUALT WAS

a Contraceptives/Spermicidal/Lubricant/Condom Present /Used? YES NO DON'T KNOW

b Victim Menstruating? YES NO DON'T KNOW

6. AT TIME OF EXAMINATION OF PATIENT MENSTRAUATING YES NO DON'T KNOW

7. DID EJACULAATION OCCUR OUTSIDE THE BODY? YES NO DON'T KNOW

8. RECENT CONCENSUAL COITS

has patient had conensual coitus within last 5 days ? YES NO DON'T KNOW

if yes, was Birth control? YES NO DON'T KNOW

what method of Birth control was used? _____

9. HOW MUCH TIME ELAPSED BETWEEN THE SEXUAL ASSAULT AND MEDICAL EXAMINATION _____

10. **AUTHORIZED FOR RELEASE (please list clothing or miscellaneous items) no. of parcels.**

Sr. No.	Article Description	No. of Seal

11. **PERSON AUTHORIZED RELEASE OF**

Information (check one)

patient

patient parent

patient guardian

SIGNATURE (victim/parent/guardians)	DATE
SIGNATURE AND STAMP (authorized medical officer)	DATE

BIOLOGICAL SPECIMEN AUTHENTICATION FOR DNA TESTING

A. Particulars of Donor/Source of Sample:

- a. Name (in capitals)_____
- b. Father/Guardian's/Husband Name_____
- c. Age_____
- d. Gender_____
- e. Date of Birth_____
- f. Address (Write _____)
- g. Identification Mark_____
- h. Medical History/Normal/Chronic Disease/Genetic Disease/HIV/Hepatitis _____
- i. Blood Transformation if any, in past three month_____
- j. Organ Transplantation, if any_____

B. Case Details:

FIR No. _____ Dated _____ U/S _____
PS _____ District _____

C. Purpose of conducting the test_____

D. DECLARATION BY THE DONOR/PARENTS/GUARDIAN:

(Note: In Case of Minor, the Declaration must be signed by the Parent's of Guardians)

_____ Son/Daughter/wife of Shri _____

of Parent/Guardian of _____ hereby declare that the Blood /Biological sample is given with my Consent for the purpose of DNA testing and the information provided above by me is true and Accurate.

Signature/Thumb Impression of Donor/Parent/Guardian _____

Date _____ **Time** _____

E. SAMPLE COLLECTOIN:

- a. Nature of Sample Collected: Liquid Blood/Blood Stain/Oral Swab
(Preferably 2ml Blood in Vacutainer or Sterilized tube using EDTA Anticoagulant. Preserve tube in the during Transport alternatively blood sample may be collected on FTA Card and sealed in Paper Envelope. Oral Swab may be collected Dried and Sealed in Paper Envelope.)
- b. Date of Sample Collection _____
- c. Medical Officer Name _____
- d. Designation and Institution _____
Signature _____ Date _____ Time _____ Seal _____

F. Witness:

1. Name _____ S/D/W/o _____
R/o _____ Signature _____
Date _____ Time _____

2. Name _____ S/D/W/o _____
R/o _____ Signature _____
Date _____ Time _____

3. Received/Witnessed by investigation/Police official
Name _____ Rank _____ PS _____
Signature _____ Date _____ Time _____