NATIONAL MISSING PERSONS PROGRAM University of North Texas Center for Human Identification, 3500 Camp Bowie, Fort Worth, TX 76107

University of North Texas Center for Human Identification, 3500 Camp Bowie, Fort Worth, TX 76107 1-800-763-3147, www.untchi.org

Direct Reference Sample Submission Form

Instructions: Complete each section as applicable (shaded areas will be completed by UNTCHI). UNTCHI Case No. Note: Sections 1, 3, 4 and 5 are required for submission. Omission of required information will cause a delay in processing. 1. INVESTIGATING AGENCY Agency Case No:_____ Agency: Address: NCIC No: NamUs MP No: NamUs UP No: ___ Contact Name: Phone No: Contact Email: Fax No: 2. COURTESY COLLECTING AGENCY Complete this section if the collecting agency is different from above Agency Case No: _____ Agency: Address: Contact Name: ___ Phone No: Contact Email: Fax No: 3. EVIDENCE SUBMITTED Attach additional paperwork if needed UNTCHI SAMPLE NO. | ITEM NO. | QUANTITY DESCRIPTION Additional paperwork attached Is this direct reference sample associated with a set of unidentified human remains submitted to UNTCHI? Yes No If yes, provide agency name and case number: 4. CHAIN OF CUSTODY Released by: ____ Signature Printed Name Date & Time Released Shipped by: Shipping Company Tracking Number

Printed Name

Date & Time Received

Received by:

(For UNTCHI Use Only)

Signature

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5. MISSING PERSON INFORMATION		
Name of Missing Person:	Fire	Middle
		Sex of Missing Person: Female Male
Eye Color: Hair Color:	Approx. Weight:	Approx. Height:
Date of Last Contact:	City/County and State of L	ast Contact:
Are Dental Records Available? 🗌 Yes 🔲 No		
Race: African-American	Physical Identifiers (s	scars, marks, tattoos, medical devices):
☐ Asian		
☐ Caucasian		
☐ Hispanic		
☐ Native American		
Other (specify)		
Is the missing person adopted? Yes No		
Are family reference samples being submitted a	at the same time? Yes] No
NOTE: Family reference samples should be pac	kaged separately and submit	ted with the appropriate submission form.
6. ADDITIONAL INFORMATION		
6. ADDITIONAL INFORMATION		
7. IMPORTANT SAMPLE SUBMISSION INFO	RMATION	
The following sample types are acceptable as di	irect references: toothbrush.	dentures, medically obtained tissue or biopsies
mounted on slides or embedded in paraffin, and	d baby teeth. All other samp	le types are approved by the Technical Leader on
a case-by-case basis. Contact the Technical Lea	der at (817) 735-2749 to disc	cuss the acceptability of other sample types.
8. SHIPPING AND CONTACT INFORMATION		
Submit this form with the sample. Evidence ite	ms must be shipped using a c	carrier which can track the shipment (FedEx.
UPS, DHL, etc). Overnight shipping is recomme	nded and biodegradeable sar	
	rth Texas Center for Human I	
Dept. of Forension 3500 Camp Bow	c and Investigative Genetics,	CBH 6th Floor
Fort Worth, TX 7		
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UNTCHI Case No.