

**EVIDENCE SUBMISSION FORM**

(Government/Law Enforcement Agency Submitting the case)  
This form MUST be completed before processing can begin on the case

**1. Case Information:**

FIR \_\_\_\_\_ Dated: \_\_\_\_\_ U/S \_\_\_\_\_ P.S. \_\_\_\_\_

Full address of Submitting Agency \_\_\_\_\_

Telephone # \_\_\_\_\_

Delivering Agent \_\_\_\_\_ Designation \_\_\_\_\_ P.S. \_\_\_\_\_

Phone No. \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature \_\_\_\_\_

**2. Type of Case:**

Disputed Paternity/Disputed Maternity/ Criminal Paternity

Sexual Assault

Homicide

Human Identification

Abortus fetus Identification

**(Signature of SHO)**

**P.S.** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**CHAIN OF CUSTODY**  
**(FOR INVESTIGATING OFFICER)**

**Case Information:**

FIR \_\_\_\_\_ Dated \_\_\_\_\_ U/S \_\_\_\_\_ P.S. \_\_\_\_\_

NAME OF THE INVESTIGATING OFFICER \_\_\_\_\_

DESIGNATION \_\_\_\_\_

Total Number of Parcels \_\_\_\_\_

Parcel No.	No. of Seal(s)	Seal Impression	Description of Parcels	Place, date and time of collection of Parcel/Exhibit(s)

**(Signature of Investigating Officer)**

P.S. \_\_\_\_\_

Dated: \_\_\_\_\_

**ABORTUS IDENTIFICATION SHEET FOR DNA PATERNITY TESTING**

(To be completed by the Authorized Medical Officer who conducted the Postmortem/Medical examination)

1. Identification of person from whom Abortus sample is being collected:

Name of Mother \_\_\_\_\_ Age \_\_\_\_\_ Caste \_\_\_\_\_

Address: \_\_\_\_\_

Whether the individual is juvenile or deceased? \_\_\_\_\_

Whether the individual/victim is mentally challenged or not? \_\_\_\_\_

2. Specimen Collection:

Hospital Name: \_\_\_\_\_ Hospital Telephone no: \_\_\_\_\_

Medical Examiner \_\_\_\_\_ Date of Collection \_\_\_\_\_

3. Type of Specimen(s) Collected (Please specify the portion of Abortus) \_\_\_\_\_

4. Weeks Gestation \_\_\_\_\_ Storage conditions used \_\_\_\_\_

5. Chain of Custody:

Number of seals \_\_\_\_\_ Seal impression \_\_\_\_\_

Specimen sealed and released by: \_\_\_\_\_

Specimen released to \_\_\_\_\_

Mode of release Hand delivery \_\_\_\_\_ Contact No. \_\_\_\_\_

Date sent to FSL, Punjab \_\_\_\_\_

**Place:**

**Dated:**

**(Signature of Authorized Medical Officer)**

**ABORTUS SPECIMEN COLLECTION INSTRUCTIONS**

Abortus collection	<ul style="list-style-type: none"> <li>*Wear gloves while collecting samples.</li> <li>*Tissue from an abortus shall be selected by the physician and approximately 2 cm portion must be placed into a sterile plastic tube.</li> <li>* Print the mother's name and the date of collection on the label.</li> <li>* Physician should put his/her initials on the label.</li> </ul>
Mother's sample	*A blood sample needs to be collected and the appropriate form completed.
Storage	<ul style="list-style-type: none"> <li>*Do not preserve the tissue in formalin.</li> <li>*Freeze the tissue and transport it on ice.</li> <li>*Blood sample should be collected in sterile EDTA tubes. Do not freeze the blood sample.</li> </ul>
Forms	<ul style="list-style-type: none"> <li>*Complete all the required forms by documenting all the required information.</li> <li>*Sign the form where indicated to verify the collected biological samples.</li> </ul>
Packing	*Package each sample separately and affix with a tamper proof seal.

**SEXUAL ASSAULT VICTIM INFORMATION FORM**

(To be completed by the Authorized Medical Officer who conducted the Medical examination)

**Affix passport size photograph of donor to be attested by medical examiner (Do not staple or pin)**

1. Victim's Name: \_\_\_\_\_ MLR/PMR Number \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ 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 Telephone No.: \_\_\_\_\_

2. DETAILS OF ASSAULT: (e.g., oral, rectal, vaginal penetration/contact: perpetrator penetration of patient with fingers or with foreign object; oral contact by perpetrator; oral contact by patient; ejaculation, if known by patient, other injuries).

\_\_\_\_\_

3. Pregnancy test to determine pre-existing pregnant only: Yes No

4. PRIOR TO EVIDENCE COLLECTION VICTIM HAS:

- a. Bathed/Urinated/Defected/Vomited/Had Food or Drink/Changed Clothes/Brushed Teeth or Used Mouthwash/ None of the these
- b. Whether Blood and/or Urine Sample sent for "Rape Drug" Testing \_\_\_\_\_

5. AT TIME OF ASSAULT 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 WAS PATIENT MENSTRUATING: Yes No

7. DID EJACULATION OCCUR OUTSIDE THE BODY? Yes No

8. RECENT CONSENSUAL COITUS

- Has patient had consensual coitus within last 5 days? Yes No
- If yes, was birth control used? Yes No
- 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):

i. No. of parcels \_\_\_\_\_

Sr. No.	Article Description	No. of Seal(s)	Seal Impression

11. PERSON AUTHORIZING RELEASE OF

Information is (check one): Patient Patient's parent Patient's guardian Other(Specify)

<b>Signature :</b>  <b>VICTIM/PARENT/GUARDIAN'S SIGNATURE</b>	<b>Date:</b>  
<b>Signature:</b>  <b>AUTHORIZED MEDICAL OFFICER</b>	<b>Date:</b>  

## AUTOPSY SPECIMEN(S) SUBMISSION FORM

(To be completed by the Authorized Medical Officer who conducted the Postmortem)

1. Details of Deceased:

Name \_\_\_\_\_ PMR Number \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Religion/Caste \_\_\_\_\_ Date of death \_\_\_\_\_

2. Cause of death \_\_\_\_\_

3. Has individual received a blood transfusion of or Bone marrow Transplant in the last three months ? \_\_\_\_\_

4. Legal Contact \_\_\_\_\_ Phone \_\_\_\_\_

5. Specimen collection:

Hospital Name: \_\_\_\_\_

Hospital Address \_\_\_\_\_

Hospital Telephone No.: \_\_\_\_\_

Sample collected by \_\_\_\_\_ Date of sample collection \_\_\_\_\_

6. Description of samples collected:

Sr. No.	Sample	Storage condition	No. of seal(s)	Seal impression	Other remarks

7. Chain of Custody:

Specimen(s) sealed and released by \_\_\_\_\_

Specimen(s) released to \_\_\_\_\_

Mode of Release: hand delivery \_\_\_\_\_ Contact no. \_\_\_\_\_

Date sent of FSL, Punjab \_\_\_\_\_

**Place:**

**Dated:**

**(Signature of Authorized Medical Officer)**

## BIOLOGICAL SPECIMEN AUTHENTICATION FORM FOR DNA TESTING

### 1. Particulars of donor/source of sample:

- a. Name (in capitals) \_\_\_\_\_
- b. Father's/Guardian's/Husband's name \_\_\_\_\_
- c. Date of birth \_\_\_\_\_ d. Age \_\_\_\_\_ e. Gender \_\_\_\_\_
- f. Address [Write legibly] \_\_\_\_\_
- g. Identification mark: \_\_\_\_\_
- h. Medical history: Normal/Chronic Disease /Genetic Disease/HIV/Hepatitis
- i. Blood transfusion, if any, in past three month \_\_\_\_\_
- j. Organ transplantation, if any \_\_\_\_\_

**Affix passport size  
photograph of  
donor to be  
attested by medical  
examiner  
(Do not staple or  
pin)**

### 2. Case details:

FIR No. \_\_\_\_\_ Dated \_\_\_\_\_ U/S \_\_\_\_\_ P.S. \_\_\_\_\_ District \_\_\_\_\_

### 3. Purpose of conducting the test \_\_\_\_\_

#### 4. DECLARATION BY THE DONOR/PARENTS/GUARDIAN

(Note:- In case if donor is minor, the declaration must be signed by the parents or guardians)

I \_\_\_\_\_ Son /Daughter/Wife of Shri. \_\_\_\_\_ or  
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 \_\_\_\_\_

### 5. Sample collection:

a. Nature of sample collected: Liquid blood/Blood stain/Oral swab  
(Preferably 2ml blood in vacutainer or in sterilized tube using EDTA anticoagulant. Preserve tube in ice 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 \_\_\_\_\_

### 6. Witnesses:

1. Name \_\_\_\_\_ S/D/W/o \_\_\_\_\_ R/o \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

2. Name \_\_\_\_\_ S/D/W/o \_\_\_\_\_ R/o \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

### 7. Received/witnessed by investigating/Police official:

Name \_\_\_\_\_ Rank \_\_\_\_\_ P.S. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Ref. Memo No.: \_\_\_\_\_

Dated: \_\_\_\_\_

### **AUTHORIZATION CERTIFICATE**

Certified that the O/o **Director Forensic Science laboratory, Punjab, Phase - IV, S.A.S. Nagar** has the authority to examine the exhibits of FIR No. \_\_\_\_\_ Dated \_\_\_\_\_

U/S \_\_\_\_\_ P.S. \_\_\_\_\_ and also to take portions thereof or to utilize it completely 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 seal(S) (in wax) should be legible, intact, covered with cello-tape.
3. All the exhibits forwarded should be clearly & 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/ Gazetted 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 invariably.
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. Duly 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(s) to be submitted to laboratory by Messenger Only.