

Project Submission/Authorization Form

Microtrace LLC

790 Fletcher Drive
Suite 106
Elgin, IL 60123
USA

New projects and additional samples sent in support of a previous project must include this submission form. Prior to submitting samples, please contact us to discuss your case.

847.742.9909 (p)
847.742.2160 (f)
www.microtracescientific.com

Type of submission:

- Initial submission Supporting samples/documentation

MT Project Number: _____

MT Date Received: _____

Service:

- Standard Analysis Rush analysis. Please contact us to discuss rush analysis (additional charges apply).

Point of Contact (Report will be addressed to this contact unless otherwise specified):

Name: _____

Agency: _____

Address: _____

Phone: _____

Email: _____

Billing Address:

Name: _____

Agency: _____

Address: _____

Phone: _____

Email: _____

Funding Method:

- Purchase Order (PO #: _____) Retainer (Check #: _____)
 Work is not to be initiated until confirmed by Purchase order
 Other: _____

Evidence Disposition:

- No samples involved in case (e.g., case review)
 Return samples/evidence upon completion of report.
 Include shipping charges on invoice Charge Account (circle one: FedEx UPS DHL) Account #: _____
 Dispose of samples upon completion of report.
 (Default) Hold samples/evidence until written request from point of contact. Evidence will be held for 30 days following report date (additional fees apply for additional storage time).

| |
|---|
| Submitting Agency Case Identifier (Name/Number): |
| Case Background: |
| Requested Analysis: |

MT Project Number: _____

| Submitting Agency Case Identifier (Name/Number): | | |
|---|--------------|--|
| Evidence Submitted: | | |
| Sample Number: | Description: | Permission to Consume (if necessary): |
| <input type="checkbox"/> No samples being submitted at this time. | | |
| <input type="checkbox"/> My agency chain of custody form accompanies this document. | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Special Evidence Storage Requirements: |
|--|
| |

I hereby certify that the information provided on pages 1 and 2 of this submission form are accurate to the best of my knowledge. I understand that my organization will be charged for services according to the fee schedule discussed.

Print Name: _____ Signature: _____

Please include this form with the evidence being shipped. Direct shipments to:

ATTN: Evidence Receiving
 Microtrace LLC
 790 Fletcher Drive
 Suite 106
 Elgin, IL 60123
 USA
 (847) 742-9909