



Department of Forensic Biology
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Extract Inquiry Form

Please enter ALL applicable *Case Information* and *Contact Information* fields.

This form should be used to collect information regarding case samples for possible YSTR, IGG or additional testing from an external laboratory. Extract inquiry forms will not be accepted if required fields are missing. All submitted forms must be typed, complete, correctly filled out and submitted via email. We will not accept handwritten or incorrect forms. **Each case being requested must have a separate form.**

Case Information (REQUIRED BY REQUESTOR):

Crime Type: _____ Date of Request: _____
 ME Number: _____ Complaint Number: _____
 Forensic Biology Case Number: _____ Voucher Number: _____
 Name of Victim: _____

Contact Information (REQUIRED BY REQUESTOR):

Name of Requestor: _____ Requesting Agency: _____
 NYPD Contact Name: _____ NYPD Division: _____
 DAO Contact Name: _____ DA Office: _____
 NYPD Email: _____ NYPD Phone: _____
 DAO Email: _____ DAO Phone: _____

Sample name(s) as listed on report:

FOR INTERNAL USE ONLY:

Location on sample(s): _____ Cryobox Number(s): _____
 Total Concentration (pg/ul): _____ Degradation Index: _____
 Date Completed: _____ Analyst Initials: _____

Discussed and approved at IRC (if applicable)

Remaining volume(s) & additional information: