



**Department of Forensic Biology**  
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Priority Case Submission Form (PCSF)

Please enter all fields within this form.

Priority forms will not be accepted without an FB or FBS number. Evidence must have been delivered to the OCME prior to the submission of this request. The PCSF will be returned to the customer and re-submission required upon arrival of the evidence at the OCME. It is the responsibility of the customer to locate the evidence and to contact the FID-LU to arrange to have the evidence sent to the OCME. All submitted forms must be typed and complete. OCME will not accept handwritten or incorrect forms. **Each evidence and suspect case must have a separate PCSF form submitted.**

Crime Type: Choose One \_\_\_\_\_ Other: \_\_\_\_\_

Forensic Biology Case Number: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Name of Complainant(s): \_\_\_\_\_ Pattern Number (if applicable): \_\_\_\_\_

Complaint Number: \_\_\_\_\_ Voucher Number(s): \_\_\_\_\_

Forensic Biology Suspect Number: \_\_\_\_\_ Name of Suspect(s): \_\_\_\_\_

Priority Priority cases will be assigned the next batch ahead of routine cases. Priority requests are reserved for cases which may include, but are not limited to, a high level of violence, flight risk of the subject, serial nature of the case(s), and speedy trial. If you have not received the requested results within 30 days from date of approval by OCME, please reach out to the Administrative Team or the case analyst/supervisor for case status.

High Priority High Priority cases will be reserved for public safety concerns (crime against a person) and/or legal constraints. All high priority requests must be approved by the lab director or deputy director.

Item(s) to test:

Reason for priority/ Comments:

**Testing Results Requested** (results must be technically reviewed prior to release of information to customer):

- KM Testing**       **Male Screening**       **Verbal Results of testing**       **Completed Report**

Contact information:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Requesting Office: \_\_\_\_\_

Approved By: Quality Assurance Manager  
 Date effective: 02/13/2024