



NYC
**Office of Chief
 Medical Examiner**

Department of Forensic Biology
 421 East 26th street, New York, NY 10016
 Telephone: 212-323-1207
 Email: knori@ocme.nyc.gov
 Email: jrenta@ocme.nyc.gov
 Email:DNASigninTeam@ocme.nyc.gov
 Official Web site: www.nyc.gov/ocme

Sample Retesting Request Form

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

This form should be used to collect information regarding case samples for possible STR retesting. This form 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.**
A maximum of 3 samples will be tested per request.

Case Information (REQUIRED BY REQUESTOR):

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

Date of Report with Sample Results: _____ Sample name: _____
 Voucher Number: _____

Date of Report with Sample Results: _____ Sample name: _____
 Voucher Number: _____

Date of Report with Sample Results: _____ Sample name: _____
 Voucher Number: _____

Contact Information (REQUIRED BY REQUESTOR):

Name of Requestor: _____ Requesting Agency: _____
 Email: _____ Phone: _____

Reason for
 the retesting
 request: