



**NYC**  
**Office of Chief  
 Medical Examiner**

**Department of Forensic Biology**  
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Serology Testing Request Form

**Please enter all fields within this form.**

Serology testing on an item may only be requested after a DNA report has been generated for that item. Serology testing requests will not be accepted without an FB number. Customer understands that after the request has been approved, the OCME will request that the evidence be delivered to the lab for serology testing. **This process cannot be prioritized.** 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.**

Crime Type: Choose One \_\_\_\_\_ Other: \_\_\_\_\_  
 Forensic Biology Number: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
 Name of Complainant: \_\_\_\_\_ Pattern Number (if applicable): \_\_\_\_\_  
 Forensic Biology Suspect Number: \_\_\_\_\_ Name of Suspect(s): \_\_\_\_\_  
 Complaint Number: \_\_\_\_\_ Voucher Number(s): \_\_\_\_\_

Item#(s)/  
 Stain#(s) to  
 test (if  
 applicable):

Reason for  
 Request:

Contact information:

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

Approved By: Quality Assurance Manager  
 Date effective: 07/24/2023