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YSTR Testing Request for Familial Search Form

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

This form should be submitted after the customer receives a completed Extract Inquiry Form and is requesting YSTR testing for familial searching. YSTR sample request forms will not be accepted if required fields are missing. All submitted forms must be typed and submitted via email. We will not accept handwritten or incorrect forms. **Each case must have a separate form.**

All core CODIS loci obtained

Case Information (REQUIRED BY REQUESTOR):

Crime Type: _____
 ME Number: _____
 Forensic Biology Case Number: _____
 Name of Victim: _____

Date of Request: _____
 Complaint Number: _____
 Voucher Number: _____
 Number of Sample(s) Requested: _____

Contact Information (REQUIRED BY REQUESTOR):

Name of Requestor: _____
 NYPD Contact Name: _____
 DAO Contact Name: _____
 NYPD Email: _____
 DAO Email: _____

Requesting Agency: _____
 NYPD Division: _____
 DA Office: _____
 NYPD Phone: _____
 DAO Phone: _____

Sample name(s) as listed on the report: