

## **BCIT Forensic Lab Submission Form**

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Agency File Number		BCIT File Number	Offense Type	
			(Leave blank if new submission)	Offerise Type
Submitter Information		Report Recipient (Leave blank if this is the same as the submitter info)		
Name:			Name:	
Agency:			Agency:	
Address:			Address:	
City:			City:	
Province	:		Province:	
Postal Co	ode:		Postal Code:	
Telephor	ne:		Telephone:	
E-mail:			E-mail:	
Cases ca	an be expedited for an add	litional fee. If you n	eed an expedited turnaround	ime indicate your
required	d diary date below. Typica	I turnaround times	are 3-4 weeks but depend on	the amount of casework
currentl	y in queue.			
Case His	story (Please include any detai	ls relevant to the testing	g required)	
Item	Agency Exhibit #	Source	Analysis Requested	Disposition
	Exhibit Description and Notes (Please		Sample Type	Max # of Subsamples
	include the number and location of areas			(Fees are per Subsample)
	that need testing fo	r this exhibit)		(Tees are per Subsample)
01				
01				
			Biological Fluid Screening	DNA Test Exhibit if
			(Indicate Type in Notes)	Screening is Negative?

Title: BCIT Lab Submission Form | Version 006 | Authorized by: QA Manager | Effective: Feb 26, 2025 NOTE: By submitting items to the BCIT for testing, you agree to the Terms of Service for Testing. The terms can be found on our website at forensiclab.ca/terms

## 3700 Willingdon Ave Burnaby, BC V5G 3H2 ForensicDNALab@bcit.ca | 604.451.7027

Item	Agency Exhibit #	Source	Analysis Requested	Disposition
	<i>31</i>		. ,	- Process
02	Exhibit Description and Notes (Please include the number and location of areas that need testing for this exhibit)		Sample Type	Max # of Subsamples (Fees are per Subsample)
			Biological Fluid Screening (Indicate Type in Notes)	DNA Test Exhibit if Screening is Negative?
Item	Agency Exhibit #	Source	Analysis Requested	Disposition
	Exhibit Description and Notes (Please include the number and location of areas that need testing for this exhibit)		Sample Type	Max # of Subsamples (Fees are per Subsample)
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			Biological Fluid Screening (Indicate Type in Notes)	DNA Test Exhibit if Screening is Negative?
Item	Agency Exhibit #	Source	Analysis Requested	Disposition
	Exhibit Description and Notes (Please include the number and location of areas that need testing for this exhibit)		Sample Type	Max # of Subsamples (Fees are per Subsample)
04				
			Biological Fluid Screening (Indicate Type in Notes)	DNA Test Exhibit if Screening is Negative?
Item	Agency Exhibit #	Source	Analysis Requested	Disposition
	- 1 11 11 - 1			
	Exhibit Description and Notes (Please include the number and location of areas that need testing for this exhibit)		Sample Type	Max # of Subsamples (Fees are per Subsample)
05				
			Biological Fluid Screening (Indicate Type in Notes)	DNA Test Exhibit if Screening is Negative?

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Item	Agency Exhibit #	Source	Analysis Requested	Disposition
	Exhibit Description and Notes (Please include the number and location of areas that need testing for this exhibit)		Sample Type	Max # of Subsamples
				(Fees are per Subsample)
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			Biological Fluid Screening	DNA Test Exhibit if
			(Indicate Type in Notes)	Screening is Negative?
Item	Agency Exhibit #	Source	Analysis Requested	Disposition
	Exhibit Description and Notes (Please		Sample Type	Max # of Subsamples
	include the number and location of areas that need testing for this exhibit)			(Fees are per Subsample)
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07				
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Item	Agency Exhibit #	Source	Analysis Requested	Disposition
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	Exhibit Description ar include the number and	d Notes (Please d location of areas	Sample Type  Biological Fluid Screening	Max # of Subsamples (Fees are per Subsample)
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08	Exhibit Description are include the number and that need testing for the Agency Exhibit #  Exhibit Description are	Source	Sample Type  Biological Fluid Screening (Indicate Type in Notes)  Analysis Requested	Max # of Subsamples (Fees are per Subsample)  DNA Test Exhibit if Screening is Negative?
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## **Definitions**

**Autosomal STR Testing**: Standard DNA testing which is useful for individualizing contributors with a high statistical significance and mixture analysis.

**Y STR Testing**: Y Chromosome DNA testing which will only provide male DNA. Useful with samples with a low amount of male DNA and a significant amount of female DNA. Provides limited statistical significance and is not suitable for mixtures consisting of multiple males.

**Genetic Genealogy:** Single Nucleotide Polymorphism (SNP) testing used to identify an individual using the GEDmatch and FTDNA databases with genealogical research.

**Questioned Sample**: DNA sample from a crime scene or exhibit that potentially has DNA of interest to an investigation.

**Known Reference Sample**: DNA sample originating from a known source such as a warrant or cast off sample.

**Biological Fluid Screening**: Testing to confirm the presence of blood, semen or saliva. Cannot be performed on DNA extracts. This is an additional test on top of DNA analysis.