

NATIONAL MISSING PERSONS PROGRAM

University of North Texas Center for Human Identification

3500 Camp Bowie

Fort Worth, Texas 76107

1-800-763-3147

www.unthumanid.org

missingpersons@unthsc.edu

UNTCHI Internal Use Only

DRS UH

Direct Reference Sample / Unidentified Human Evidence Registration Form

Investigating Agency Information		
Investigating Agency: _____	Agency Case No.: _____	
Address: _____	ORI No.: _____	
_____	NCIC No.: _____	
_____	NamUs No.: _____	
Contact Name: _____	Phone No.: _____	Fax No.: _____
E-mail Address: _____		
Reports are automatically sent to the investigating agency.		

Collecting Agency Information (If Different From Above)		
Collecting Agency: _____		
Address: _____		

Contact Name: _____	Phone No.: _____	Fax No.: _____
E-mail Address _____		
Collecting Agency to receive copy of report: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Evidence Submitted			
LAB NO.	ITEM NO.	QUANTITY	DESCRIPTION

Chain of Custody (Required)			
Released by: _____	Signature	Printed Name	Date & Time Released
Released to: _____	Courier	Tracking Number	
Received by: _____	Signature	Printed Name	Date & Time Received

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UNTCHI Case No: _____

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Missing Person Information

Sample is: Personal item from missing person From living individual; Name of sample donor: _____
(Donor must sign consent section below)

Name of Missing Person: _____
Last First MI

Missing Person's Date of Birth: _____ Age when missing: _____ Physical Identifiers (scars, marks, tattoos, medical devices, etc.) _____

Sex of Missing Person: Female Male Approx. Weight: _____

Race: African-American Asian Approx. Height: _____

Caucasian

Hispanic

Native American

Other (Please Specify) _____

Are dental records available? Yes No

Date of Last Contact: _____

City/State of Last Contact: _____

Is this reference sample associated with a set of human remains submitted to UNTCHI? Yes No

If yes, list Agency Name and Case Number: _____

DONOR CONSENT

CONSENTIMIENTO DEL DONANTE

I understand that the answers provided on this form are correct to the best of my knowledge. I fully understand that my answers are critical to the process of identifying the missing person.

I freely and voluntarily consent to provide my sample(s) for DNA analysis and entry into the Combined DNA Index System (CODIS) database, maintained by the FBI under authority of Title 42, United States Code, Section 14132. Law enforcement agencies having online access to the missing persons database may search against my DNA profile for potential matches.

I understand that the information I have provided is protected by the Privacy Act notices for the National DNA Index System and the FBI's Central Records System as most recently published in the Federal Register. I also understand that my sample(s) will be destroyed and my DNA profile will be removed from the CODIS database if the missing person is positively identified.

I understand that I am not required or obligated to provide a DNA sample, and that my consent to have a DNA sample taken is knowingly and voluntarily made. I further consent to the use of my DNA sample(s) for anonymous population database studies and potentially for research and development. These studies will not contain any of my personal information and any DNA results cannot be associated with me as a donor.

I authorize the appropriate law enforcement agent listed below to collect this sample(s) for the sole purpose of identifying the missing person. I have witnessed my sample(s) being collected, and a label with my name has been attached to each sample(s). The sample(s) were then placed in the sample collection pouch and sealed.

Entiendo que las respuestas proporcionadas en este formulario son correctas a mi leal saber y entender. Comprendo que mis respuestas son decisivas para el proceso de la identificación del desaparecido.

Consiento proporcionar libre y voluntariamente mi(s) muestra(s) para el análisis de ADN y la inclusión del perfil de ADN en la base de datos Combined DNA Index System (CODIS), mantenida por el FBI según autoridad conferida por el Título 42, del Código de Estados Unidos, en la Sección 14132. Las agencias de orden público que tengan acceso en línea a la base de datos de desaparecidos, podrán comparar mi perfil de ADN para encontrar posibles relaciones.

Entiendo que la información que he proporcionado está protegida por las notificaciones del Acta de Privacidad para el National DNA Index System (NDIS) y el Central Records System del FBI, conforme a lo publicado recientemente en el Registro Federal. Además entiendo que mi(s) muestra(s) será(n) destruida(s) y mi perfil de ADN se retirará de la base de datos CODIS si se realiza la identificación positiva del desaparecido.

Entiendo que no se me requiere ni se me obliga a proporcionar una(s) muestra(s) de ADN y que consiento a la toma de mi muestra, con conocimiento y voluntariamente. Además consiento al uso de mi muestra(s) de ADN para estudios en la base de datos de la población anónima y probablemente para investigación y desarrollo. Estos estudios no incluirán información personal y cualquier resultado no será asociado conmigo como el donante.

Autorizo al agente del orden público que firma este documento a que tome mi(s) muestra(s), con el único propósito de identificar el desaparecido. Yo he sido testigo de que mi(s) muestra(s) ha(n) sido tomada(s) y etiquetada(s) con mi nombre. La(s) muestra(s) se ha(n) introducido en el sobre de toma de muestras, que ha sido sellado.

X _____ Date: _____ X _____ Date: _____
(signature of sample donor or legal guardian giving consent) (firma del donante o tutor legal que da el consentimiento)

TO BE COMPLETED BY COLLECTOR

I, on the date of _____ at _____: _____ a.m./p.m. verified the identity of the individual who is providing the DNA sample. I collected a DNA sample(s) from this individual, attached a label with the donor's name to each sample(s), placed and sealed them in a sample collection pouch.

Law Enforcement Agent collecting DNA samples: _____ Print Name _____

Signature _____