

**FORENSIC SCIENCE LABORATORY, PUNJAB  
PHASE - IV, SAS NAGAR**

**1. TYPE OF CASES RECEIVED FOR DNA EXAMINATION**

Biological fluid/ material of human origin like Blood, Semen, Saliva, Urine, Hair, Nails, Bones, teeth, Fecal matter and their stained clothes/ exhibits recovered from the scene of crime are received in the Laboratory for DNA examination in following type of cases:

- **Paternity/ Maternity Disputes**
- **Murder**
- **Rape (Sexual Assault)**
- **Aborted Foetus**
- **Homicide**
- **Unclaimed Putrefied bodies**
- **Sodomy**

**2. CASE RECEIVING PROCEDURE IN DNA PROFILING UNIT**

The necessary documents that are required to be submitted along with the case for DNA examination in cases are as follows:

**1 A. Documents to be filled by the Investigating Agency**

1. Memo Letter of the Forwarding Authority
2. Evidence Submission form
3. Authorization certificate
4. Chain of Custody form
5. Attested copy of FIR/ DDR
6. Attested copy of seizure memo
7. Sample seals

**1 B. Documents to be filled by the Concerned Medical Officer (Annexure-II)**

Sr. No.	Type of Case	Documents
1	Sexual Assault Cases	a. Request Letter by the Doctor to Director, Forensic Science Laboratory, Punjab where complete details of the exhibits and the required test to be conducted needs to be mentioned. b. Sexual Assault Victim Information form. c. Biological Specimen Authentication forms of both the accused and the victim (Reference samples). d. Attested copy of MLR. e. Autopsy Specimen submission form (if victim has died). f. Sample seal of the M.O.
2	Murder / Homicide cases	a. Request Letter by the Doctor to Director, Forensic Science Laboratory, Punjab where complete details of the exhibits and the required test to be conducted needs to be mentioned. b. Autopsy Specimen submission form (Victim) c. Biological Specimen Authentication form of both accused and victim (Reference samples).

		<p>d. Attested copy of PMR.</p> <p>e. Sample seal of the M.O.</p>
3	<p>Paternity/ Maternity Disputes</p>	<p>a. Request Letter by the Doctor to Director, Forensic Science Laboratory, Punjab where complete details of the exhibits and the required test to be conducted needs to be mentioned.</p> <p>b. Biological Specimen Authentication form of alleged Child, alleged Mother(s) and alleged Father(s) (Reference samples).</p> <p>c. Attested copy of MLR/ PMR if any.</p> <p>d. Sample seal of the M.O.</p>
4	<p>Unidentified Bodies/ Aborted Fetus Cases</p>	<p>a. Request Letter by the Doctor to Director, Forensic Science Laboratory, Punjab where complete details of the exhibits and the required test to be conducted needs to be mentioned.</p> <p>b. Autopsy Specimen/ Aborted Fetus submission form.</p> <p>c. Biological Evidence Submission forms of the claimants (if any)/ alleged Parents/ accused (Reference samples).</p> <p>d. Attested copy of PMR.</p> <p>e. Sample seal of the M.O.</p>

Ref. Memo No.:

Dated:

**AUTHORIZATION CERTIFICATE**

Certified that the O/o **Director Forensic Science laboratory, Phase - IV S.A.S. Nagar, Punjab**

has authority to examine the exhibits of FIR No. \_\_\_\_\_ Dated \_\_\_\_\_

P.S. \_\_\_\_\_ U/S \_\_\_\_\_ and also to take portions thereof  
or to utilize it completely for the purpose of examination.

**(Signature, Seal and Designation  
of the Forwarding Authority)**

**N.B.:-**

1. Requisition for Forensic Examination should be forwarded by Police officer not below the rank of DCP/SP.
2. Sample seal(S) (in wax) should be legible, intact, covered with cello-tape.
3. All the exhibits forwarded should be clearly & properly packed, sealed and labeled. A specimen seal used on parcel should be affixed in Submission Form.
4. All the necessary papers/copies of FIR/ Post Mortem Report / Medico Legal Certificate etc. should be attested by the Forwarding Authority/ Gazetted Officer.
5. Fill all the necessary forms of FSL Punjab for case submission.
6. Specimen seal used by Medical officer in Medico- legal case should be provided invariably.
7. All control/reference blood samples for DNA profiling test should be sent in EDTA coated tubes and non EDTA tubes and must be carried in ice container.
8. Duly filled Biological Specimen Authentication Form in duplicate in respect of each Donor should be attached with samples.
9. Case submitted with incomplete information/documents will not be accepted.
10. Exhibits(s) to be submitted to laboratory by Messenger Only.

## **EVIDENCE SUBMISSION FORM**

(Government/Law Enforcement Agency Submitting the case)  
This form MUST be completed before processing can begin on the case

### **1. Case Information:**

FIR \_\_\_\_\_ Dated: \_\_\_\_\_ U/S \_\_\_\_\_ P.S. \_\_\_\_\_

Full address of Submitting Agency \_\_\_\_\_

Telephone # \_\_\_\_\_

Delivering Agent \_\_\_\_\_ Designation: \_\_\_\_\_ P.S. \_\_\_\_\_

Phone No. \_\_\_\_\_ Email Address : \_\_\_\_\_

Signature \_\_\_\_\_

### **2. Type of Case:**

Disputed Paternity/Disputed Maternity/ Criminal Paternity

Sexual Assault

Homicide

Human Identification

Abortus fetus Identification

(Signature of SHO)

P.S. \_\_\_\_\_

Dated: \_\_\_\_\_

## **CHAIN OF CUSTODY**

(FOR INVESTIGATING OFFICER)

### Case Information

FIR \_\_\_\_\_ Dated \_\_\_\_\_ U/S \_\_\_\_\_ P.S. \_\_\_\_\_

NAME OF THE INVESTIGATING OFFICER \_\_\_\_\_ DESIGNATION \_\_\_\_\_

Total Number of Parcels \_\_\_\_\_

Parcel No.	No. of Seal(s)	Seal Impression	Description of Parcels	Place, date and time of collection of Parcel/Exhibit(s)

(Signature of Investigating Officer)

P.S. \_\_\_\_\_

Dated: \_\_\_\_\_

**AUTOPSY SPECIMEN(S) SUBMISSION FORM**

(To be completed by the Authorized Medical Officer who conducted the Postmortem)

1. Details of Deceased:

Name \_\_\_\_\_ PMR Number \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Religion/Caste \_\_\_\_\_ Date of death \_\_\_\_\_

2. Cause of death \_\_\_\_\_

3. Has individual received a blood transfusion of or Bone marrow Transplant in the last three months ? \_\_\_\_\_

4. Legal Contact \_\_\_\_\_ Phone \_\_\_\_\_

5. Specimen collection :

Hospital Name: \_\_\_\_\_

Hospital Address \_\_\_\_\_

Hospital Telephone No.: \_\_\_\_\_

Sample collected by \_\_\_\_\_ Date \_\_\_\_\_

6. Description of samples collected

Sample	Storage condition	Other remarks

7. Chain of Custody

Specimen(s) sealed and released by \_\_\_\_\_

Specimen(s) released to \_\_\_\_\_

Mode of Release : hand delivery \_\_\_\_\_ Contact no. \_\_\_\_\_

Date sent of FSL, Punjab \_\_\_\_\_

**Place:**

**Dated:**

**(Signature of Authorized Medical Officer)**

**BIOLOGICAL SPECIMEN AUTHENTICATION FORM FOR DNA TESTING**

A. Particulars of donor/source of sample:

- a. Name (in capitals) \_\_\_\_\_
- b. Father's/Guardian's/Husband's name \_\_\_\_\_
- c. Age \_\_\_\_\_
- d. Gender \_\_\_\_\_
- e. Date of birth \_\_\_\_\_
- f. Address [Write legibly] \_\_\_\_\_
- g. Identification mark: \_\_\_\_\_
- h. Medical history: Normal/Chronic Disease /Genetic Disease/HIV/Hepatitis
- i. Blood transfusion, if any, in past three month \_\_\_\_\_
- j. Organ transplantation, if any \_\_\_\_\_

**Affix passport size  
photograph of  
donor to be  
attested by  
medical examiner  
(Do not staple or  
pin)**

B. Case details:

FIR No. \_\_\_\_\_ Dated \_\_\_\_\_ U/S \_\_\_\_\_ P.S. \_\_\_\_\_ District \_\_\_\_\_

C. Purpose of conducting the test \_\_\_\_\_

**D. DECLARATION BY THE DONOR/PARENTS/GUARDIAN**

(Note:- In case of minor, the declaration must be signed by the parents or guardians)

I \_\_\_\_\_ Son / Daughter / Wife of Shri. \_\_\_\_\_ or Parent/Guardian of \_\_\_\_\_ hereby declare that the blood/biological sample is given with my consent for the purpose of DNA testing and the information provided above by me is true and accurate.

**Signature/Thumb impression of Donor/Parent/Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_ **Time** \_\_\_\_\_

E. Sample collection:

a. Nature of sample collected: Liquid blood/Blood stain/Oral swab  
(Preferably 2ml blood in vacutainer or sterilized tube using EDTA anticoagulant. Preserve tube in ice during transport. Alternatively blood sample may be collected on FTA card and sealed in paper envelope. Oral swab may be collected, dried and sealed in paper envelope.)

- b. Date of sample collection: \_\_\_\_\_
- c. Medical officer Name: \_\_\_\_\_
- d. Designation and Institution: \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Time** \_\_\_\_\_ **Seal** \_\_\_\_\_

F. Witnesses:

1. Name \_\_\_\_\_ S/D/W/o \_\_\_\_\_ R/o \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

2. Name \_\_\_\_\_ S/D/W/o \_\_\_\_\_ R/o \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

G. Received/witnessed by investigating /Police official:

Name \_\_\_\_\_ Rank \_\_\_\_\_ P.S. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_