FORENSIC EXAM SUBMISSION FORM



E-mail: submissions@wvdl.wisc.edu

MADISON

445 Easterday Lane, Madison, WI 53706 PH: (800) 608-8387 FAX: (608) 504-2594

BARRON

1521 E. Guy Ave., P.O. Box 97 Barron, WI 54812-0097 PH: (800) 771-8387 FAX: (715) 449-5052

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In order to provide you with the best possible service regarding your case, read through these pages thoroughly and sign at the bottom of page 3. Cases without a signature will not be processed until one is obtained. The information below is designed to answer common questions and provide background on specific areas of this form. Please carefully fill out all three pages of this form.

CALL AHEAD: We encourage you to contact WVDL prior to submitting samples for a forensic case. You can call the lab and ask to speak with one of our pathologists.

The WVDL considers ALL cases submitted with this form to be forensic. As such, a fee will be assessed. WVDL does NOT ACCEPT out-of-state forensic cases. Cases will only be accepted from approved agencies.

<u>Please initial:</u> I represent a police or law enforcement agency in Wisconsin, a district attorney working in conjunction with a police or law enforcement agency in Wisconsin, an animal control agency or humane society working in conjunction with a police or law enforcement agency in Wisconsin, a licensed veterinarian working in conjunction with an animal control agency or a police or law enforcement agency in Wisconsin, or the Wisconsin Department of Natural Resources performing official work or in conjunction with a police or law enforcement agency in Wisconsin.

initial			

FEES: \$187.43 will be added to the standard necropsy charges which are based on weight and species. Accession, Cremation/Disposal & Referral fees are additional.

Please Note: The submitting agency assumes all charges and is the billing party.

<u>Please initial:</u> I understand that if the coordinating pathologist determines this invest further testing beyond what is offered at the WVDL, including but not limited to radiology referral, toxicology, genetic testing, or nutritional analyses, samples may be sent to a referral laboratory and additional fees may apply.

FM-CL-SUB-28 In Use: 7/3/2023 SOP: ALEGALCASE

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NOTE: All cases that come in on this form will be treated as FORENSIC cases by WVDL. Please call in advance when submitting these cases and ask to talk to a pathologist.

Whole Body Other specify SPECIMEN INFORMATION Animal / Specimen ID Species Breed 1	Badge Organiz Organiz Address City* State*/Z E-MAIL Phone*	zation	FAX*
City* State*/Zip* Date samples taken* Date samples shipped* *Required field Agencies and/or veterinarians to be emailed results: SPECIMENS SUBMITTED Whole Body Other *specify SPECIMEN INFORMATION Animal / Specimen ID Species Breed 1. 2.	Organiz Address	zation	FAX*FAX*Fixed Frozen
Date samples taken* Date samples shipped* *Required field Agencies and/or veterinarians to be emailed results: SPECIMENS SUBMITTED Whole Body Other *specify SPECIMEN INFORMATION Animal / Specimen ID Species Breed 1. 2.	Address City* State*/z E-MAIL Phone*	ves preserved? Fresh	FAX*Fixed Frozen
Date samples taken* Date samples shipped* *Required field Agencies and/or veterinarians to be emailed results: SPECIMENS SUBMITTED Whole Body Other *specify SPECIMEN INFORMATION Animal / Specimen ID Species Breed 1	City* State*/2 E-MAIL Phone*	ves preserved? Fresh	_ FAX*
*Required field Agencies and/or veterinarians to be emailed results: SPECIMENS SUBMITTED Whole Body Other *specify SPECIMEN INFORMATION Animal / Specimen ID Species Breed 1	E-MAIL Phone* were the tissu	wes preserved? Fresh	_ FAX*
*Required field Agencies and/or veterinarians to be emailed results: SPECIMENS SUBMITTED Whole Body Other *specify SPECIMEN INFORMATION Animal / Specimen ID Species Breed 1	Phone* were the tissu	* ues preserved? Fresh	FAX*FAX*Fixed Frozen
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Whole Body Other specify SPECIMEN INFORMATION		rresn	
SPECIMEN INFORMATION Animal / Specimen ID Species Breed 1		Specimen type	Test(s) requested
SPECIMEN INFORMATION Animal / Specimen ID Species Breed 1		Specimen type	Test(s) requested
Animal / Specimen ID Species Breed 1	Sex Age	Specimen type	Test(s) requested
2.	+		
3			
CHAIN OF CUSTODY			
This section must be completed by a representative or ransfer of evidence to WVDL for testing. The evidence to the WVDL.			
Released by:			
(print name) (signatur	·e)	(date)	(time)
Received by:			
(print name) (signatur	re)	(date)	(time)

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CAUSE OF DEATH

	Date of Death
Died (Indicate date of death \rightarrow)	
Euthanized: (please specify method below ↓ ; date of death →)	
method	
DISPOSITION OF BODY	
Please initial:	
This section <u>MUST</u> be completed for all submissions. If no necropsy, WVDL will contact the submitter at a later date. <u>BC</u>	·
Please choose ONE of the following options and initial:	
Private Cremation (companion animals)	
Group Cremation (companion animals)	initial

WVDL DISPOSITION POLICY FOR FORENSIC CASE ITEMS OF EVIDENCE

Incineration or other (WVDL will determine the appropriate method)

Please initial:

- ▶ The WVDL will store **bodily remains** received in connection with a submitted forensic case for **up to six months**, after which arrangements must be made to transfer these remains to a long-term storage facility or consent must be given by the submitting agency for an alternative disposition option (including group cremation, private cremation, or incineration). The six month holding period allows time for additional testing to be considered and for opposing counsel to examine the remains if necessary. Should the submitting agency decide at any time during the six month storage period that they no longer need the bodily remains, they may consent to disposition by contacting WVDL and signing a waiver for release.
- Other items of bodily evidence, such as tissues collected from the body, trace evidence, etc, will be stored for a period of up to two years. A written request may be submitted to the WVDL if additional storage time is deemed necessary for a pending trial.
- Any non-tissue or non-bodily remains related evidence, such as packaging materials, collars, blankets, evidentiary items (bullets, projectiles) etc. must be picked up within one week by the submitting agency for alternative storage. Any items not picked up within one week will be disposed of by the WVDL.

initial

INVESTIGATION SUMMARY

(Please indicate relevant history, crime scene findings, presumptive cause of death, etc.)

SIGNATURE: Signature is required and signifies that submitter understands content of entire document, including any additional fees associated with forensic submissions, disposition of body and disposition policy of case items of evidence.

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