



STATE OF CONNECTICUT
 DEPARTMENT OF
 EMERGENCY SERVICES AND PUBLIC PROTECTION
 DIVISION OF SCIENTIFIC SERVICES



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Director

Additional Information for Missing Persons Testing

To better facilitate the processing of Missing Persons cases, please provide the following information in addition to the case summary portion of the DESPP Request for Examination of Physical Evidence Form. Please submit this form at the time of evidence submission. A new form is needed each time additional evidence is submitted.

Submitting Agency and Case#: _____ Laboratory Case#: _____

Contact person: _____ Phone#/email address: _____

1) If available, please provide:

NAMUS #: _____ VICAP #: _____ NCIC #: _____

2) Are family member samples being submitted? If yes, please fill out below:

a) Name: _____ Relationship to MP: _____ Ethnic group: _____

b) Name: _____ Relationship to MP: _____ Ethnic group: _____

c) Name: _____ Relationship to MP: _____ Ethnic group: _____

3) Are unidentified human remains being submitted? If yes, was a full skeleton/body recovered?

4) Is a deduced missing person item being submitted (i.e. toothbrush, hairbrush, razor, etc):

If yes, please list the item(s) being submitted: _____

5) Please list all applicable metadata:

a) Unidentified human remains (age range/age at time of death, height, sex, ethnic group, scars/marks/tattoos, date of recovery, location of recovery):

b) Missing Person (sex, date of birth, height, ethnic group, scars/marks/tattoos, location of last contact to include city and state):

6) Additional information: