

TEXAS DEPARTMENT OF PUBLIC SAFETY **CRIME LABORATORY**

Vendor Lab Case #:

CODIS Review Request Form LAB-215 Rev.01 (10/2023) p.1 Issued by: SQM

Contact Information (to b	e completed by vendor la	<u>b):</u>		
Vendor Lab:		Date of last onsite visit program (OVP):		
Name:		Phone #:		
Title:		Email:		
Date:				
Case Information (to be o	completed by vendor lab):			
Submitting Agency:				
Agency Contact Name:				
Phone Number:				
Email:				
Agency Case Number:				
Case Background:				
Full Description of Evidence:				
Technology, Platform, Amp Kit & Software to be used:	STR kit:			
	Y-STR kit:			
	CE: GMID-X:			
	y fees associated with the ite eligible profiles will be at DPS mat.			
	st agreement is between the pplicable to DPS. Please co			
Approval (to be completed	d by DPS Technical Leade	<u>er):</u>		
Name:		Phone #:		
DPS location:		Email:		
Signatura		Doto		