



**WISCONSIN DNABANK  
BUCCAL SWAB COLLECTION KIT  
SUBMISSION FORM**

Please direct all questions to the DNA Databank  
at the Wisconsin State Crime Laboratory.

Place Barcode Here

DJ-LE-106 Rev.  
11/10/2016

**Phone: 608-266-2031**  
**Email: DNADatabank@doj.state.wi.us**

**SUBJECT IDENTIFIERS**      **IF THE SUBMISSION IS NOT COMPLETED CORRECTLY IT MAY BE REJECTED.**

<b>STATE IDENTIFICATION NUMBER (SID):</b>			
LAST:	FIRST :	MIDDLE :	
DATE OF BIRTH :    ___ / ___ / _____	RACE:	GENDER:	

**QUALIFYING EVENT** Only complete **ONE** section (Arrest, Conviction, or DNA Needed)  
**CHECK CRIMINAL HISTORY FOR DNA FLAG: IF CONVICTION DNA IS ON FILE DO NOT COLLECT ANOTHER SAMPLE.**

<b><u>ARREST (Check all that apply)</u></b>	
Warrant Issued <input type="checkbox"/>	ARREST TRACKING NUMBER (ATN): _____
<input type="checkbox"/> Juvenile	Arrest Date: ___ / ___ / _____    Statute : _____
<input type="checkbox"/> Adult	

<b><u>CONVICTION (Check all that apply)</u></b>	
<input type="checkbox"/> Juvenile	<input type="checkbox"/> Misdemeanor
<input type="checkbox"/> Adult	<input type="checkbox"/> Felony
	<input type="checkbox"/> Interstate Compact
CCAP Case Number : _____	

<b><u>"DNA COLLECTION NEEDED"</u></b>		
SAFE Team <input type="checkbox"/>	Crime Laboratory Recollect List <input type="checkbox"/>	Missed Collection Event <input type="checkbox"/>

**COLLECTION AGENCY INFORMATION**      **PLEASE MAIL OUT WITHIN 24 HOURS.**

AGENCY NAME:	COLLECTION DATE : ___ / ___ / _____
COLLECTED BY:	AGENCY CONTACT:

**FINGERPRINTS**      **COLLECT A SIMULTANEOUS FOUR FINGER PLAIN / SLAP PRINT (LEFT OR RIGHT) BELOW.**