

**WISCONSIN DNA DATABANK
BUCCAL SWAB COLLECTION KIT
SUBMISSION FORM**

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

Phone: 608-266-2031

Email: DNADatabank@wisdoj.gov

FOR LAB USE ONLY

SUBJECT IDENTIFIERS

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

STATE IDENTIFICATION NUMBER (SID):

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 DNA IS ON FILE DO NOT COLLECT ANOTHER SAMPLE.

ARREST (Check all that apply)

Warrant Issued ☐

ARREST TRACKING NUMBER (ATN): _____

☐ Juvenile

☐ Adult

Arrest Date: ____ / ____ / ____

Statute : _____

CONVICTION (Check all that apply)

☐ Juvenile

☐ Adult

☐ Misdemeanor

☐ Felony

☐ Interstate Compact

CCAP Case Number : _____

"DNA COLLECTION NEEDED"

SAFE Team ☐

Crime Laboratory Recollect List ☐

Missed Collection Event ☐

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 AND/OR RIGHT) BELOW.