

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

Revision: 1 Effective: 05/2026

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.

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

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

<u>"DNA COLLECTION NEEDED"</u>		
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 AND/OR RIGHT) BELOW.