



**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.**

**ARREST (Check all that apply)**

Warrant Issued       **ARREST TRACKING NUMBER (ATN):** \_\_\_\_\_

Juvenile      **Arrest Date:** \_\_\_ / \_\_\_ / \_\_\_\_\_      **Statute :** \_\_\_\_\_

Adult

**CONVICTION (Check all that apply)**

Juvenile       Misdemeanor      **CCAP Case Number :** \_\_\_\_\_

Adult       Felony

Interstate Compact

**"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 OR RIGHT) BELOW.**