REFERENCE SAMPLE SUBMISSION FORM

NFA Case No.		**Linked Case No. (NFA Old Case No.)**	
FIR No./DDR No.		**Letter No.***	
Requesting Agency		**Requested By****	
Submitting Agency/P.S.		**District/Province**	
Case Type		**Under Section**	
Investigation Officer		**I.O. Contact No.**	
Submitted By (Name)		**Designation & Belt No.**	
Submitter's Contact No.		**Submitter's NIC No.**	

*Where Applicable **Designation: W.M.O/M.O./D.P.O. etc.

Sr. No.	Origin of Reference Sample (Name)	Father's/Husband's Name	Reference Sample ID	Category	Date of Sampling

Category: - S: Suspect, V: Victim, H: Elimination Sample/Husband of Victim, F: Father, M: Mother, SIS: Sister, B: Brother, AF: Alleged Father, HB: Half-Borther, HSIS: Half-Sister

Reference Sample ID: NFA Unique Case No. with abbreviation of category followed by sequential No. of sample submitted in that category of the case e.g. 1st suspect as S1 & 2nd suspect as S2.

IDENTIFICATION OF SUSPECT(S) BY VICTIM/COMPLAINANT			
Statement	I_____ declare that above-mentioned suspects nominated in Case/FIR No. _____ are correctly identified. I confirm that standard reference sample(s) of said suspect(s) were collected by NFA staff in my presence/after identification.		
Signature & Date		**Thumb Impression**	

DECLARATION BY SUBMITTER			
Statement by Submitter	I _____ have checked and verified the identification details of the victim /suspect(s) and submit same to NFA. I have thoroughly investigated the nominated suspects of the case/FIR No.____. I hereby declare that the individuals identified is/are the prime and most relevant suspect(s) in this case. I have produced above-mentioned person(s) under my custody to NFA, Islamabad for the submission of standard reference samples.		
Signature & Date		**Thumb Impression**	

_____

In-charge Evidence/Reference Receiving Unit

FOR INTERNAL COC BY CONCENRED PERSONAL OF NFA					
Sealed P.E.		**Transferred By**		**Date & Time**	
Received by		**Date & Time**		**Stored In**	

STANDARD REFERENCE COLLECTION FORM

Reference Sample ID				Picture
Name & Category				
Father's/Husband's Name				
NIC No./B-Form		**D.O.B/Age**		
Date & Time of Incident				
Date of MLC/ Sample Collection				
Signature & Date		**Thumb Impression**		

	Case History Questionnaire (If Applicable)	
1.	Do the victim & the suspect(s) know each other?	□YES □ NO
2.	What is the relationship between the victim and suspect(s)?	
3.	Any previous such incident?	□YES (Date: _____) □NO
4.	Is victim mature?	□YES □ NO
5.	What is the nature of sexual assault?	□Vaginal □Anal □Oral
6.	Did suspect(s) ejaculate?	□YES (□Internally □Externally) □NO
7.	Did suspect use any protective measures (condoms)?	□YES □NO
8.	Is victim married?	□YES □NO
9.	If married, did the victim have intercourse with her husband after the incident or before the examination by MLO?	□YES □NO
10.	Any bleeding by the victim was documented the medical examination?	□YES □NO
11.	Did victim become pregnant as the result of incident?	□YES □NO
12.	Did suspect use any weapon during sextual assault?	□YES (Weapon: _____) □NO

Reference Sample Collected & Sealed By		**Date & Time of Sampling**	
Stored In		**Date & Time**	

Note: Three buccal swabs will be collected from each person (victim/suspect etc.), air dried and sealed in pre labelled paper envelopes. If the victim is married, no case will be submitted at NFA without the elimination sample (i.e. the buccal swabs of the victim's husband).

ELIMINATION SAMPLE COLLECTION

Reference Sample ID			Picture
Name & Category			
Father's Name			
NIC No.			
Signature & Date		**Thumb Impression**	
Reference Sample Collected & Sealed By		**Date & Time of Sampling**	
Stored In		**Date & Time**	

STANDARD REFERENCE COLLECTION FORM

Reference Sample ID				Picture
Name & Category				
Father's/Husband's Name				
NIC No./B-Form		**D.O.B/Age**		
Signature & Date		**Thumb Impression**		

Suspect Questionnaire (If Applicable)			
1.	Is suspect held in police custody?	□YES	□ NO
2.	Does the suspect admit the offense?	□YES	□ NO
3.	Has the suspect undergone a blood transfusion or bone marrow transplant?	□YES (Date: _____)	□NO

Reference Sample Collected & Sealed By		**Date & Time of Sampling**	
Stored In		**Date & Time**	

Note: Three buccal swabs will be collected from each person (victim/suspect etc.), air dried and sealed in pre labelled paper envelopes.