

MISSOURI STATE HIGHWAY PATROL OFFENDER DNA SUBMISSION

BARCODE (REQUIRED) <i>(Affix Barcode Here)</i>	LABORATORY USE ONLY RECEIVED BY: _____ DATE: _____
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DEMOGRAPHIC INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
STATE ID NUMBER MO	MO DEPARTMENT OF CORRECTIONS ID	LEFT INDEX FINGERPRINT (REQUIRED)	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk	
RACE <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> American Indian			

OFFENSE INFORMATION		
OFFENDER STATUS <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Department of Corrections Use: <input type="checkbox"/> Incarceration <input type="checkbox"/> Probation / Parole </td> <td style="width: 50%; vertical-align: top;"> Law Enforcement Agency Use: <input type="checkbox"/> Arrestee (Collection for the current arrest offense during booking/while under supervision.) OFFENSE CYCLE NUMBER (OCN) _____ <input type="checkbox"/> Prior (Collection for a prior conviction during booking/while under supervision.) <input type="checkbox"/> Sex Offender Registration (SOR) (Collection while registering as a sex offender.) </td> </tr> </table>	Department of Corrections Use: <input type="checkbox"/> Incarceration <input type="checkbox"/> Probation / Parole	Law Enforcement Agency Use: <input type="checkbox"/> Arrestee (Collection for the current arrest offense during booking/while under supervision.) OFFENSE CYCLE NUMBER (OCN) _____ <input type="checkbox"/> Prior (Collection for a prior conviction during booking/while under supervision.) <input type="checkbox"/> Sex Offender Registration (SOR) (Collection while registering as a sex offender.)
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CATEGORY <input type="checkbox"/> N/A for SOR <input type="checkbox"/> Felony <input type="checkbox"/> Sexual Misdemeanor <input type="checkbox"/> Interstate Compact (DOC supervision for out-of-state felony)	STATUTE (First six digits of Missouri charge code) <input type="checkbox"/> N/A for SOR RSMo _____ . _____
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COLLECTION INFORMATION	
COLLECTING AGENCY	PHONE NUMBER
COLLECTOR NAME (REQUIRED)	COLLECTION DATE

Instructions for Offender Sample Collection

Please follow the instructions carefully and completely.

Samples not meeting these requirements will not be accepted by the laboratory.

1. Positively identify the subject using a government issued photo ID, fingerprint-based identification using a LiveScan device, personal recognition by an attending official, or other form of official identification.
2. Completely fill out a MSHP Offender DNA Submission form (SHP-6). Please use blue or black ink. *An Offender DNA Submission form generated online from a SID Message Response or using the STACS Remote Collection website may be printed and used instead of the handwritten form.*
3. Open the DNA Collection Kit and **put on the gloves.**
4. Apply the offender's left index fingerprint to the Submission Form. *If a left index finger is not available, please indicate which finger was used.*
5. Apply one of the adhesive barcode labels to the completed submission form and the remaining label to the sample card.
6. Remove the green sponge swab from the packaging. **Do not touch the tip.**
7. Swab the inside of the subject's cheeks for one minute. **Do not wet the swab with water first.**
8. Careful **not** to touch the pink area with gloved hands, firmly press (without rubbing) all sides of the sponge swab onto one circle of the sample card until the circle becomes white. **Do not place the swab back in subject's mouth.** If more saliva is needed to fill one circle, use a new green sponge swab.
9. Fold the Submission Form and place it in the self-addressed mailing envelope, along with the sample card.
10. Carefully seal the envelope and promptly mail it to the Missouri State Highway Patrol Crime Laboratory.
11. The swab and any other used kit components can be discarded when complete.

Contact the CODIS Unit at (573) 526-6134 with any questions.