

## DISCOVERY REQUEST ORDER FORM

Please complete the attached document and fax or email to Orchid Cellmark.  
 Upon receipt, we will contact you to confirm the total amount owing.

CASE INFORMATION			
Agency Case No.	Name of Suspect		
Orchid Cellmark Case #	Name of Victim		
Offense	Trial Date		
REQUESTING AGENCY			
Name	Phone		
Agency	Fax		
Address	E-Mail		
City/State/Zip	Date Materials Required By		
DISCOVERY SERVICES REQUESTED			
Quantity	Description of Services	Price	Extended Price
	<b>A. Standard Discovery Package</b> <ul style="list-style-type: none"> <li>Standard letter in response to discovery request</li> <li>1 copy of the entire case folder contents (includes all electropherograms and autoradiographs/films)</li> <li>1 copy of curriculum vitae for staff assigned to case</li> </ul>	No Charge	\$0.00
	<b>B. Supplemental Discovery Package</b> <ul style="list-style-type: none"> <li>1 CD-ROM copy of the Standard Operating Procedures Manual(s) applicable to the case</li> <li>1 set of population data bases applicable to the case</li> <li>1 copy of current accreditation certificate(s) and licenses</li> </ul>	\$100.00/package	
	<b>C. Customized Discovery Package</b>		
	<b>Processing Time</b> <ul style="list-style-type: none"> <li>One hour minimum required. Includes time to prepare written response to discovery request, collecting and duplicating documents and materials, 2-day courier delivery, and other response processing activities)</li> </ul>	\$200.00/hour	
	<b>Fees for All Additional Materials</b>		
	<ul style="list-style-type: none"> <li>Photocopies</li> </ul>	\$0.25/page	
	<ul style="list-style-type: none"> <li>Color photocopies</li> </ul>	\$2.00/page	
	<ul style="list-style-type: none"> <li>Digital photographs</li> </ul>	\$5.00/photo	
	<ul style="list-style-type: none"> <li>Autoradiographs/Films</li> </ul>	\$25.00/film	
	<ul style="list-style-type: none"> <li>Electronic data pertaining to case on CD-ROM</li> </ul>	\$100.00/CD-ROM	
	<ul style="list-style-type: none"> <li>Validation studies</li> </ul>	\$50.00/validation	
	<ul style="list-style-type: none"> <li>Matrix documentation (spectral files)</li> </ul>	\$100.00/run	
	<ul style="list-style-type: none"> <li>Reagent QC documentation</li> </ul>	\$25.00/reagent lot	
	<ul style="list-style-type: none"> <li>Injection list (STR Testing)</li> </ul>	\$100.00/list	
	<ul style="list-style-type: none"> <li>Instrument Serial Numbers</li> </ul>	\$25.00	
	<ul style="list-style-type: none"> <li>Quality Assurance Manual on CD-ROM</li> </ul>	\$50/CD-ROM	
	<ul style="list-style-type: none"> <li>Prices for additional discovery materials available upon request</li> </ul>	To be quoted	
	<b>D. FedEx Rush Service</b> <ul style="list-style-type: none"> <li>Document package will be assembled in five business days or less and then sent by next day FedEx</li> </ul>	\$250.00	
	<b>TOTAL FEES OWING</b>		

## DISCOVERY REQUEST BILLING INFORMATION

### BILLING/PAYMENT INFORMATION

- All non-government agencies must submit pre-payment in the form of a money order, cashier's check, corporate check or credit card

Payment is included in the form of a money order, cashier's check or corporate check

\$ \_\_\_\_\_ may be charged to the following credit card:

Visa     MasterCard     Discover     American Express

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ 3 Digit Authorization Code: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

Billing Address of Cardholder if not provided above: \_\_\_\_\_

- Government agencies may pre-pay using the above payment methods or may submit a purchase order and we will send an invoice.

Please send invoice to:

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Purchase Order # (if applicable, please attach copy): \_\_\_\_\_

**COMMENTS** (Please use this space to provide us with additional information if necessary)