RETRIEVAL REQUEST FORM

Log Number (Forensic Archive Use):	Site: Gravelly Park	CCRC: select

1) Request: Please complete a separate request form for each individual case you require parts

Requested by:		**Date:**	
Organisation:		**Contact No:**	
Email Address:		**Postal Address:**	

2) Reason for request

Note: Please use this form for the following types of request only: Casefile Requests, retained material and extract requests, SGM+ upgrade requests, exceptional Cases i.e Removal of Associated Records in Relation to recordable Offences Only, Destruction of Volunteer Samples

Please note: In order to process your request in good time to meet any key dates we require **21 days** notice wherever possible

Reason for request:	
Court/Other target date:	

3) Authorisation

Please note: As soon as the Forensic Archive deliver the material requested to you the Forensic Archive ceases to be responsible for the material until it is returned to the Forensic Archive. The Forensic Archive has no liability and can accept no responsibility for the material whilst it is out of our possession. It is your responsibility to keep the material safe, confidential and in good condition.

Authorised by:		**Rank/Title:**		**Organisation:**	

4) Case Reference

Case No: e.g. 300… 400… F/94/…			
Barcode: e.g. 700… 900…			
Customer Reference:		**Other: (Suspect / victim name/Operation name)**	

5) Job / Part / Material:

Job / Part / Material	Material Type	Request Type
	Select	Select
	Select	Select
	Select	Select
	Select	Select
	Select	Select
	Select	Select
	Select	Select
	Select	Select
	Select	Select
	Select	Select

6) Dispatch Details

Please note: The responsibility for this material will transfer to you at the point of delivery as we are working under your direct instruction. It is therefore your responsibility to ensure the recipient is aware that this material will be sent to them, that a signature will be required upon delivery and that they are aware of any storage requirements and the need for continuity and preservation of evidence. Once we have delivered the material to you, if further requests are received for it at a later date, we will provide your contact details to the new requestee, until such time as the material is returned back to us.
We can copy and email a limited amount of paperwork, this will only be possible if you are on a CJX network (for further guidance please contact the Archive Team: 0845 340 0517

Dispatch Method:	Select	**Contact Number:**	
Name:		**Rank/Title:**	
Email Address:			
Full Address (incl. postcode)			

Please email this completed form to: forensic.archive@forensicarchive.cjsm.net

ForensicArchive

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7) For Forensic Archive Use:

Sub Log No.	Type:	Job / Part / Material Retrieved:	New Barcode Identifier:	Retrieved By:	Security Tag No:	Return to:	Barcode:
	Select					Select	
	Select					Select	
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	Select					Select	
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	Select					Select	

8) For Forensic Archive Use

Packaged by / Emailed by:		**Date:**		**Signed:**	
Posted by / Collected by:		**Date:**		**Signed:**	

9) For Forensic Archive Use

Submission Record Updated		**Date:**	
Witnessed by		**Date:**	
Sample / Product Destroyed		**Date:**	
Electronic Record / Destroyed		**Date:**	
Volunteer Card Destroyed		**Date:**	
LIMS Records Deleted		**Date:**	
DNA 5 Card Destroyed		**Date:**	
Supplier Reference / Comments		**Date:**	

Upon completion of Section 9, completed requests must be sent to: ndnad.service.team@ndna.pnn.police.uk
Cc: enquiries@acro.pnn.police.uk and the Requesting Force

Please email this completed form to: forensic.archive@forensicarchive.cjsm.net