

HAIR NUCLEAR DNA REFERRAL FORM

FS Lab # _____

Item #	Sub item #	Anagen/ catagen	Anagen/ catagen	Telogen	Telogen	PCR Product	PCR Results		
		fol.tiss. visible	fol.tiss. not visible	max. fol.tiss	min. fol.tiss.	Yes/No	Inclusion	Exclusion	No Types Foreign

NOTES:

Trace Examiner _____ Date _____

DNA Examiner _____ Date _____