

**CONVICTED OFFENDER  
USE ONLY**

# Wyoming State Crime Laboratory

## BUCCAL DNA Collection Kit

**This form is only required if pre-log is unavailable.**

The exterior of the submission envelope is required to be filled out in addition to this form. Please complete this form, print it and place it in the submission envelope containing the corresponding DNA sample.

Subject's name: \_\_\_\_\_  
Last Name First Name Middle Name

Subject's DOC or criminal identification number: \_\_\_\_\_

Subject's Race:  
\_\_\_\_ Black    \_\_\_\_ Caucasian    \_\_\_\_ American Indian  
\_\_\_\_ Asian    \_\_\_\_ Hispanic    \_\_\_\_ Other

Subject's sex:  
\_\_\_\_ Male    \_\_\_\_ Female

Subject's Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Offense: \_\_\_\_\_ Date of sentencing: \_\_\_\_\_  
Statutory offense or description Month Day Year

Institution submitting sample: \_\_\_\_\_ / \_\_\_\_\_  
Agency County

Agent collecting offender sample: \_\_\_\_\_  
Last Name First Name

**Laboratory Main Phone: (307) 777-7607**