

## EXHIBIT B



**DNA LABS**  
INTERNATIONAL

700 W HILLSBORO BLVD. BLDG 3 | DEERFIELD BEACH FL 33441 | 954 426 5163

### FORENSIC PRICING 2024

Evidence Screening/Serology/Accessioning Services	Size	Fee Per Item
<b>Preparation of evidence sample and Possible identification of:</b> <ul style="list-style-type: none"> <li>Blood, Saliva, Semen, Urine, and/or Menstrual Blood</li> </ul>	Swab	\$595.00
	Small Item & Extracts	\$895.00
	Large Item	\$1,295.00
	Extra Large	\$1,595.00
SpentShell™ - Cartridge/Shell Casing Case		\$995.00 per case
	Small Cartridge Casing	\$495.00 per shell casing
	Rifle Cartridge Casing	\$695.00 per shell casing
Small Bone/Tooth		\$995.00
Large Bone/Skull/Mandible (needing teeth extraction)		\$1,595.00
<b>Hairs &amp; Rootless Hair Shafts</b> - Includes 1-5 hairs. <i>Please call for a custom quote for more hair shafts.</i>		\$1,595.00
M-Vac® Screening – Includes 3 filters		\$1,695.00
DNA STR Analysis		Fee Per Item
Suspect or Victim Standard/Evidence Sample		\$995.00
Suspect or Victim Standard – Bones/Tooth/Hair		\$1,295.00
Evidence Sample – Bones/Tooth/Hair/M-Vac Filter		\$1,295.00
<b>Sexual Assault Samples</b> (Differential Extraction - 2 DNA STR Tests)		\$1,595.00
DNA Y-STR Analysis		Fee Per Item
Suspect or Victim Standard		\$1,295.00
Evidence Sample		\$1,295.00
STRmix™ Analysis		Fee Per Item
1-5 Person Mixture - Comparison to previously developed DNA Profiles		\$995.00
RUSH Turnaround Time		Fee Per Item
48 Hour Turnaround		\$1,595.00 per sample
Weekend Turnaround – In addition to per sample rush fees.		\$2,500.00 per case
1 Week Turnaround		\$1,295.00 per sample
2 Week Turnaround		\$995.00 per sample
3 Week Turnaround		\$695.00 per sample



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NGS Testing	Fee Per Item
<b>Kintelligence – SNP Testing for Genealogy</b> - Standard or Evidence	<b>\$3,950.00</b>
<b>Signature Prep B</b> - Standard or Evidence	<b>\$2,995.00</b>
<b>Whole Genome mtDNA</b> - Standard or Evidence	<b>\$2,995.00</b>
DNA Labs International - Genealogy Testing	Fee Per Item
<b>Case Review for Suitability</b> <i>We believe this is integral to achieving the best results possible.</i>	<b>FREE</b>
<b>Evidence Screening/Serology</b>	<b>\$995.00</b>
<b>STR Testing (if necessary)</b> <i>Only if requested or required and not previously performed for your case.</i>	<b>\$995.00</b>
<b>Sample Qualification</b> <i>Accessioning, quantification or requantification, determination of extract viability, possible purification of the sample.</i>	<b>\$695.00</b>
<b>Kintelligence SNP Testing or Whole Genome Sequencing (WGS) Testing for Genealogy by DNA Labs International</b> <i>Processed in our <b>accredited laboratory</b>, maintaining the chain of custody and issued with a court-admissible report.</i>	<b>\$3,950.00</b>
<b>Upload by Genealogist to 2 Genealogy Databases</b> 2 Hours of Research and Preliminary Report	<b>\$795.00</b>
<b>Genealogy Investigation</b> <i>Includes unlimited genealogical research.</i>	<b>\$3,500.00</b>
<b>Additional Investigation Time</b> <i>5 Hour Blocks</i>	<b>\$995.00</b>
<b>Phenotyping Report Fee</b> <i>Phenotyping to include hair color and eye color prediction estimation.</i>	<b>\$295.00</b>
<b>Report Fee- Insufficient SNP/WGS Results</b>	<b>\$395.00</b>
Expert Witness Testimony	Standard Rate
<b>Court Appearance</b>	<b>\$350/hr./witness</b>
<b>Travel</b>	<b>\$350/hr./witness</b>
<b>Teleconference</b>	<b>\$350/hr./witness</b>
<b>Trial Preparation -2 hours typical</b>	<b>\$350/hr./witness</b>
<b>Hotel &amp; Airfare</b>	<b>Reservations and payments are made by the client directly.</b>

*\*Pricing is subject to change with notice.*



Case Submission Form

Client Name: EXHIBIT A

Client Case #:

DLI Lab #: \_\_\_\_\_ (For DLI use only)

Victim(s):

Submission Date:

Suspect(s):

Offense:

Please check one of the following:

Original Evidence Submission

Re-submission (if evidence is to be analyzed for an existing DLI case)

Please check one of the following:

Normal Processing

Rush Processing (additional fees may apply - contact the lab for pricing)

48-Hours  One Week  Two Weeks  Three Weeks

Authorized Point(s) of Contact	<u>Primary Contact</u>	<u>Secondary Contact</u>
	Name: Title: Telephone #: Cell phone #: E-mail: Fax #:	
	Agency: Address: Address: City/State/Zip:	

Case Authorization	<p><i>I hereby certify that the information provided above on this Case Submission Form is accurate to the best of my knowledge and understand that DLI will only communicate information pertaining to this case to the authorized contacts listed above. I also understand that I will be charged for services according to the fee schedule that I have received.</i></p> <p>Signature: _____</p> <p>Print Name: _____</p>
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**Case Description and Background** (Please attach any relevant documents)

Date of Offense:

Description:

**DNA Testing Needs** (Please describe your objective and the DNA test(s) requested: Y-STR and/or STR. For Contact/Touch DNA testing, please indicate the area(s) to be swabbed.) Requesting CODIS upload?  Yes  No  N/A





Please list each submitted reference standard below.

Agency Item #	Description of Item	Date of Birth (MM/DD/YYYY)	May We Consume the Sample?*
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list each submitted item of evidence below.

Agency Item #	Description of Item	Analysis Request(s)			May We Consume the Sample?*
		Body fluid/	Ownership/	Contact	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*If you are not sure, check No, and we will contact you later for permission if we need to consume the entire sample.

**EVIDENCE RECEIPT**

From:	To:	Reason:	Date:

Return evidence to the same address as Point of Contact on page 1?  Yes  No  
 If No, enter return address in the section provided on page 4.



**Billing Contact and Address** (if different from the POC on page 1)

Name and Title:	
Telephone #:	Cell #:
E-mail:	
Agency:	
Address:	
Address:	
City/State/Zip:	

**Evidence Return Information**

Name:
Agency:
Address:
Telephone:
E-mail:
City/State/Zip:

**Method of Shipment**

Courier	Courier Account #
<input type="checkbox"/> FedEx	
<input type="checkbox"/> UPS	
<input type="checkbox"/> Other:	

Please submit a completed form with the evidence. All evidence items should be shipped to the address below via delivery that requires signature receipt. If evidence items are perishable, please ensure that the evidence is sent on dry ice. All evidence items must be properly sealed and labeled.

Send to: **DNA Labs International**  
**ATTN: Case Evidence**  
**700 W Hillsboro Blvd, Bldg. 3**  
**Deerfield Beach, FL 33441**  
954.426.5163