

Request for Analysis

Name (subject) _____ Date _____

Arresting Agency _____ County _____

Date of Offense _____ Date of Birth _____

Police Case # _____ Sample (Lab) # _____

Specimen: Blood Urine Other (specify) _____

Test: Alcohol Drugs (specify) _____

Other (specify) _____

Special Instructions: _____

Payment: Check or Money Order Enclosed _____

Bill Credit Card on file _____

Use Credit Card: Number _____ Exp Date _____

Requested by: _____

(Name)

(Street)

(City)

(State)

(Zip)

Phone: _____ Fax: _____

I authorize ChemaTox Laboratory, Inc. or its agent to obtain and analyze the specimen(s) described above.