



Request for Analysis

Physical
5401 Western Ave
Boulder, CO 80301

Mailing
PO Box 20590
Boulder, CO 80308
303-440-4500
800-334-1685

Form can be mailed to our PO Box or faxed to 303-440-0668 Date _____

Name (subject) _____

Arresting Agency _____ **Date of Offense** _____

County _____ **Date of Birth** _____

Lab ID # (optional) _____ **PD Case # (optional)** _____

Specimen Blood Urine Other _____

See instructions for pricing and panel descriptions. Not selecting a test will result in a delay.

Test Alcohol 5-Panel Drugs 7-Panel Drugs 11-Panel Drugs

Confirmation Positive Drugs Other _____

Payment Check Enclosed Use Credit Card On File

Put CC Below on File

Credit Card _____ Exp _____

<p>Special Instructions _____</p> <p>_____</p> <p>_____</p>	<p>Laboratory Use Only</p> <p>Received By _____ Date _____</p> <p>Delivery Method _____</p> <p>Tracking # _____</p> <p>Reviewed By _____</p> <p>Rev Date _____ Rev Time _____</p> <p>DOD _____ TOD _____</p> <p>Seal _____</p> <p>Lab ID _____</p>
<p>Requestor _____</p> <p>Street _____</p> <p>City, State ZIP _____</p> <p>Phone _____</p> <p>Fax _____</p>	

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

Signature (Client or Representing Attorney)