



Prosecution Request for Analysis Instructions

The request for analysis form should be completed for every sample that you want ChemaTox Laboratory to test. The following list describes the information that needs to be on the form to allow the best turn-around time.

- **Subject name:** the name of the person whose sample we are testing.
- **Arresting agency:** the agency that made the arrest.
- **County:** the county in which the arrest was made.
- **Case number:** the number assigned to the case by the arresting agency or the court.
- **Date of incident:** the date the arrest was made.
- **Date of birth:** the subject's date of birth.
- **Lab ID number:** the number the original testing laboratory assigned to the sample. It is normally on the official report from the testing laboratory.
- **Specimen:** type of sample you would like tested.
- **Test:**
 - Alcohol
 - Pure drug ID
 - 5-Panel: Benzodiazepines, Cocaine, Methamphetamine/MDMA, Opiates, Zolpidem
 - 7-Panel: Benzodiazepines, Cannabinoids, Cocaine, Methamphetamine/MDMA, Opiates, Oxycodone, Zolpidem
 - 11-Panel: Barbiturates, Benzodiazepines, Cannabinoids, Carisoprodol, Cocaine, Ketamine, Methamphetamine/MDMA, Opiates, Oxycodone, Tramadol, Zolpidem
 - DFSA (Drug-Facilitated Sexual Assault): Alcohol, Amphetamine/MDA, Barbiturates, Carisoprodol, Methamphetamine/MDMA, GC/MS Scan, LC-MS/MS Benzodiazepines Scan
 - Other: If the test you want is not shown above, please complete this field.
- **Payment:** how payment will be made for the requested testing.
- **Special Instructions:** any additional information you would like to convey to the laboratory.
- **Requesting agency:** your agency that is requesting testing.
- **Requestor:** your name or the name of the authorized person requesting the testing.
- **Mailing address and City, State ZIP:** where the results will be sent.
- **Phone number:** so we can contact you if questions arise.
- **Email address:** so we can contact you if questions arise.
- **Signature and Date:** This form needs to be signed and dated by the requestor. Many testing laboratories will not release samples without a signed release from an authorized party.

When you have completed the form, send it to ChemaTox by email (info@chematox.com), fax (303-440-0668), or mail (PO Box 20590, Boulder CO 80308).