



Prosecution Request for Analysis

Physical Address
5375 Western Ave, Ste C
Boulder, CO 80301

Fax: 303-440-0668
Email: info@chematox.com

Mailing Address
PO Box 20590
Boulder, CO 80308

Phone: 303-440-4500
800-334-1685

Subject name _____	
Arresting agency _____	Date of incident _____
County _____	Date of birth _____
Case number _____	Lab ID number _____

Specimen	Blood	Urine	Other _____
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Test	Alcohol	Pure drug ID	Other _____	
	Drug Screen Panels (see instructions for panel descriptions)			
	5-Panel	7-Panel	11-Panel	DFSA (Drug-Facilitated Sexual Assault)

Payment	Use credit card on file	Put credit card below on file
	Credit card _____	Exp _____ Security code _____
	Check enclosed	Bill me (government agencies only)

Special Instructions _____ _____ _____	ChemaTox Use Only
Requesting agency _____	Delivery Method _____
Requestor _____	Tracking _____
Mailing address _____	Received by _____
City, State ZIP _____	Rec'd date _____ Time _____
Phone number _____	Reviewed by _____
Email address _____	Rev'd date _____ Time _____
	Draw date _____ Time _____
	Seal _____
	Lab ID _____

My signature below authorizes ChemaTox or its agent to obtain and test the specimen(s) described above.

Signature **Date**