

FORENSIC SERVICES REQUISITION

Type or print in un-shaded areas only.

CASE REGARDING

Name: _____

Other I.D.: _____

Specimen: Blood Urine Other _____

Collection Date/Time: _____

ISSUE TO: **DRUG DETECTION LABORATORIES**

9700 Business Park Drive, Suite 407
 Sacramento, CA 95827
 Phone: (916) 366-3113 Fax: (916) 366-3917
 Website: www.drugdetection.net

FOR LABORATORY USE ONLY

Date Request Received _____

Deposit # _____

DDL Lab # _____

Comments _____

AUTHORIZATION:

Request authorized by _____
Signature

Print name _____ Date _____

TEST REQUEST – Please perform the following test(s)/services. Check appropriate boxes:

- Alcohol Fluoride Preservative ABO Blood Typing Alcohol D.U.I. Test Panel (includes 3 previous tests)
- Drug Analysis Qualitative Quantitative for (specify drug): _____
- Testimony Reservation (Location) _____ Court Date _____
- Case Review Written report Other _____ Need results by _____

REPORT TO: (Please type or print clearly) Account # _____

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-Mail Address: _____

Payment: _____
 Order for funds
 Credit Card (Visa/MasterCard/Discover)
 Charge credit card on file
 *Credit Card Payments: Amount: \$ _____

1. Fill out credit card payment form (see website)

1a. Via E-mail: Phone in confidential credit card information, then e-mail signed authorization.

1b. Via FAX: FAX full information on FAX credit card information.

CHAIN OF CUSTODY (Lab use only)

DATE/TIME:	RELEASED BY: (SIGNATURE)	RECEIVED BY: (signature)	PURPOSE/REMARKS
ACCESSION BY:	ACCESSION CHECK: SPECIMEN CONTAINER(S) ID MATCHES REQUISITION FORM <input type="checkbox"/> ORIGINAL VIAL <input type="checkbox"/> UNOPENED <input type="checkbox"/> PACKAGE/ENVELOPE SEAL: <input type="checkbox"/> TAPE <input type="checkbox"/> TPS <input type="checkbox"/> NONE <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> INTACT <input type="checkbox"/> BROKEN VIAL SEAL: <input type="checkbox"/> TAPE <input type="checkbox"/> TPS <input type="checkbox"/> NONE <input type="checkbox"/> INTACT <input type="checkbox"/> BROKEN _____ mL VIAL CONTAINS _____ mL. SPECIMEN DESCRIPTION/COMMENTS: TOP = R / G / SNAP / SC (black/clear)		
	LAB STORAGE		<input type="checkbox"/> SPECIMEN TO LAB STORAGE @ _____ HOURS _____ mL ALIQUOT REMOVED FOR _____ RETURNED TO LAB STORAGE @ _____ HRS
	LAB STORAGE		_____ mL ALIQUOT REMOVED FOR _____ RETURNED TO LAB STORAGE @ _____ HRS
	LAB STORAGE		_____ mL ALIQUOT REMOVED FOR _____ RETURNED TO LAB STORAGE @ _____ HRS
<input type="checkbox"/> SPECIMEN DISCARDED <input type="checkbox"/> SPECIMEN FORWARDED	SIGNATURE	DATE/TIME	FORWARDED TO