

# 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 406  
 Sacramento, CA 95827  
 (916) 366-3113      (916) 366-3917 FAX

Fold Line

## FOR LABORATORY USE ONLY

Date Request Received \_\_\_\_\_

Deposit # \_\_\_\_\_

DDL Lab # \_\_\_\_\_

Comments \_\_\_\_\_

### AUTHORIZATION:

Request authorized by \_\_\_\_\_  
Signature

Print name \_\_\_\_\_ Date \_\_\_\_\_

Fold Line

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

Alcohol Retest      Fluoride Preservative      ABO Blood Typing      D.U.I. Blood Testing Panel (Includes three 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 \_\_\_\_\_

Fold Line

**Enclosed is a:**       Order for Funds       Check  
 Discover       MasterCard       Visa  
 Credit Card # \_\_\_\_\_  
 Security Code # \_\_\_\_\_ Phone # \_\_\_\_\_  
 Billing Street Address & Zip \_\_\_\_\_  
 For \$ \_\_\_\_\_ Exp Date \_\_\_\_\_  
 I hereby authorize charging my credit card the amount stated above.  
 Print name of card holder: \_\_\_\_\_  
 Signature \_\_\_\_\_

### CHAIN OF CUSTODY (Lab use only)

DATE/TIME:	RELEASED BY: (SIGNATURE)	RECEIVED BY: (signature)	PURPOSE/REMARKS
<b>ACCESSION BY:</b>	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/SC/SNAP		
	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