

Forensic Toxicology Laboratory Request Sheet

Case Information

Case Number

Date

Agency / Department

Investigator

Phone / Email

Subject Information

Name

Sex

Date of Birth / Age

Type of Case

Specimen Information

Specimen Type	Quantity	Collection Date/Time	Remarks

Requested Analysis

Specify Tests/Examinations Required

Chain of Custody

Submitted by

Date/Time

Received by

Date/Time

Remarks