



ROCKY MOUNTAIN INSTRUMENTAL LABORATORIES, INC.

108 Coronado Court
Fort Collins, CO 80525
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Fax: (303) 530-1169
office@rockylab.com

Request for Analysis
Subject and Case Information

Name (subject) : _____

Date of Birth: _____ Date of Arrest: _____ Police Case #: _____

Arresting Agency: _____

Seal # (if known): _____ Lab Sample # (if known): _____

Specimen Type:
 Blood Urine Hair Other (Specify): _____

Test(s) Requested:
 Alcohol (includes detection of methanol, acetone, and IPA)
 Sodium Fluoride Preservative (recommended with alcohol testing)
 Drug(s) Confirmation/Quant (specify): _____
 Drug Panel Presumptive Test (pos/neg results only). Specify below:
 6 Panel DUID Panel 12 Panel Total Panel

Next Court Date: _____

Comments: _____

RML Client Billing Information

Attorney Name: _____

Company/Firm: _____

Street Address: _____

City, State, ZIP: _____

Phone: _____ Fax: _____ Email: _____

Payment Options (select one):
 Attorney will provide business check or credit card payment prior to results
 Subject will provide money order or cashier's check included with request
 Preapproved funding (attached proof of funds/preapproval)
 Net 30 Invoice (attorneys only)

I authorize Rocky Mountain Instrumental Laboratories, Inc. or its agent to obtain and analyze the specimen(s) described above. I agree the party listed above is responsible for all payment.

Signature: _____ Date: _____

Title (if applicable) : _____