



**Request for Analysis
Subject and Case Information**

108 Coronado Court
Fort Collins, Colorado 80525
Fort Collins: (970) 266-8108
Denver: (303) 530-1169

Name (subject): _____

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

Arresting Agency: _____

Seal #: _____ Sample (Lab) #: _____

Specimen Type:

_____ Blood _____ Hair
_____ Urine _____ Other (specify): _____

Tests 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 (qualitative results only). Specify below:
 ___ 6 Panel ___ DUID Panel ___ 12 Panel ___ Rx Panel ___ Rx PLUS
 ___ DFSA ___ Total

Next Court Date: _____

Special Instructions: _____

RML Client Billing Information

Attorney Name: _____

Company/Firm: _____

Street Address: _____

City, State ZIP: _____

Phone: _____ Fax: _____ Email: _____

Payment Options (select one):

_____ Business check, money order, or cashier's check included with request
_____ Credit card payment prior to receiving results
_____ Net 30 Invoice (approved accounts only) Account #: _____

I authorize Rocky Mountain Instrumental Laboratories, Inc. or its agent to obtain and analyze the specimen(s) described above.

Signature: _____ Date: _____

Title (if applicable): _____