



**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 Arrest: \_\_\_\_\_ Police Case #: \_\_\_\_\_

Arresting Agency: \_\_\_\_\_

Seal # (if known): \_\_\_\_\_ Sample (Lab) # (if known): \_\_\_\_\_

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  
 Total

Next Court Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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**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  
 Attorney will provide credit card payment prior to receiving results  
 Preapproved funding (attached proof of funds)  
 Net 30 Invoice (approved accounts 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): \_\_\_\_\_