



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 – Controlled Substances
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: _____

Test(s) Requested:

- Targeted Analysis (specify): _____
- Non-targeted Analysis (unsure of possible substance identity)
- Substance Purity/Reweigh
- FT-IR Analysis

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) : _____