Forensic Analytical LABORATORIES

DRUG RESIDUE WIPES ANALYSIS REQUEST FORM

Submit form and send with sample set. Send the samples in accordance with the protocol sent with each sample kit to the following address:

Attn: Jen Piper - Wipes Analysis | Forensic Analytical Laboratories | 3777 Depot Rd. Ste. 409 | Hayward, CA | 94545-2761

Submitting Client Information

Company Name:	**Submitted By:**
Contact Email:	**Contact Phone #:**

Sample Information

Name/Site Information:	**Send Report To (email address):**

Analysis Requested
☐ *Methamphetamine* ☐ *Fentanyl* ☐ *Other:* _____

Turnaround Time *(additional fees apply for Rush service)*
☐ *Normal (5 business days)* ☐ *Rush (3 business days)*

SAMPLES SUBMITTED WILL BE DISPOSED 30 DAYS AFTER ANALYSIS. PLEASE CONTACT TO DISCUSS EXCEPTIONS.

SAMPLE NUMBER	SAMPLE LOCATION	SAMPLE AREA (cm^2)

Evidence Delivered By: ☐ Courier ☐ Drop Off ☐ Pick-up

Samples Submitted By: _____ Date/Time: _____

Samples Received By: _____ Date/Time: _____

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