

The Carlson Company LLC

6660 Delmonico Dr. Ste D-425, Colorado Springs, CO 80919-1899

Request for Toxicology/DNA Lab Testing Services for Physical Samples Private Test Submission Form

Sample Donor's Name

Print _____ Age _____

Is the sample donor deceased? Yes _____ No _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Email _____

Incident

Suspected Incident Date ____ / ____ / ____ *

Sample Collection Date ____ / ____ / ____

Sample Submission Date ____ / ____ / ____

Please note: If you submit hair strands for evaluation we require that you make a testing sample choice. The choices are:

Test and evaluate the hair sample segments based on the above incident date or test full length hair strands. **Circle one**

Sample/Case Scenario

Test sample (s) description _____

Brief scenario about this case _____

Sample Submitter

I certify that I am submitting this test sample (s) (**circle your choice**) on my own behalf or on behalf of the identified sample donor shown above.

If the donor and submitter are the same person write in, "same as donor" in the sample submitter name line below.

Sample submitter's name (print) _____

Signature _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Email _____

Requested Testing

Please test the submitted sample (s) for: **circle your choice** (each circled testing choice requires a corresponding testing fee)

Unknown chemicals and other toxins | Unknown drug scan | Infidelity (semen detection) | Infidelity (presence of a woman DNA)

Infidelity (male/female saliva) | Infidelity (lipstick/cosmetics) | 37 date rape drugs | Five (5) panel drug | Ten (10) panel drug

Basic heavy metals | Complete heavy metals | Antifreeze | Cremains DNA | Cremains basic heavy metals | Cremains complete heavy metals | Cannabinoids 16 panel | Identify unknown

drugs | Analytical verification of contents (identify sample nomenclature/components) | Identify presence, male/female.

Other _____

Unique test or sample? Please call 1-866-889-3410 (toll free seven days a week) if you need assistance.

If applicable (not required for DNA, cremains, or infidelity testing) list specific prescription or non-prescription drugs formerly or currently being taken by the sample donor over the past six(6)months _____