

# The Carlson Company LLC

10343 Federal Blvd. Suite J- 401, Westminster, CO 80260

## REQUEST for TOXICOLOGY/DNA LAB TESTING SERVICES for PHYSICAL SAMPLES WITH STRICT CHAIN of CUSTODY SAMPLE SUBMISSION

[Print This 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 \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

### Requested Testing Choices

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)

e, g DNA saliva, skin cells. | Infidelity (lipstick/cosmetics, make up, etc.) | 37 date rape drugs | Date Drug DFSA Synthetics | Five (5) panel drug | Ten (10) panel drug

Basic heavy metals | Complete heavy metals | Antifreeze | Cremains | Drugs- Prescription- Non Prescription.

Analytical verification of contents (identify sample components).

Other

(explain) \_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_

### Witness or Witnesses to the Sample Collection

The witness or witnesses (at least one is required) to the sample collection should sign below. I, as a witness to the sample collection, confirm the identity of the sample donor and

sample description as stated above. I certify that the test sample (s) being submitted represents an "as collected" sample. I did or did not (circle one) assist with the sample

collection from the donor. I (witnessed) the said sample (s) being placed in an envelope or other suitable container for shipping and then sealed the envelope or container with a piece of tape.

I then printed my name and the current date and time on the sealing tape to originate Chain of Custody. The sealed sample envelope or container was then surrendered

to (circle one) USPS - UPS ? FEDEX for shipping to The Carlson Company LLC.

Witness #1 to the sample collection

Name (print) \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

Witness #2 to the sample collection

Name (print) \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

Certified test report return options

Lab reports are returned to our clients by email, no additional charge. Please return my test report by email \_\_\_\_\_

If you wish to have your test report (s) returned to you by the USPS please include a S.A.S.E. with your sample submission.

If you reside in the contiguous United States and prefer to receive your report by UPS or FedEx Ground Services please add an additional **\$20.00** dollars to your testing fee.

If you reside outside the contiguous United States international shipping fees will apply.

Return my test report by UPS International Air Service \_\_\_\_\_

Office use only

Sample (s) received by The Carlson Company LLC from the sample submitter via - USPS - UPS - FEDEX

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Sample released to \_\_\_\_\_ via - USPS - UPS - FEDEX

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Sample received by \_\_\_\_\_ via - USPS - UPS - FEDEX

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Sample released to \_\_\_\_\_ via - USPS - UPS - FEDEX

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Sample received by \_\_\_\_\_ via - USPS - UPS - FEDEX

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_