

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

Important: Please read and sign before you submit this order- The submitter understands that once we start the testing. Our fees are not refundable. Fees are not dependent upon results and no specific legal outcome may be promised

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| Heavy Metals Complete Package | Antifreeze | Cremains | Drugs- Prescription- Non Prescription.

Analytical verification of contents (identify sample components). Food Item - 30 most commonly used poisons .

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 ____ / ____ / ____