



**THE CARLSON COMPANY INC**

Call: 1-866-889-3410 or email: [carlsonco@comcast.net](mailto:carlsonco@comcast.net)  
<https://www.thecarlsoncompany.net>

10343 Federal Blvd. Suite J- 401, Westminster, CO 80260  
CHAIN of CUSTODY SAMPLE SUBMISSION

**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**

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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Results Required Date. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Sample submitted: Please Circle the most appropriate:

- Hair  Nails  Blood  Urine  Tissue  Pill/Medication  Unknown Liquid  Unknown Substance
- Clothing  Swabs  Other

Please note: If you are submitting hair strands for evaluation, we require that you mark the testing period option: **Please note that you must check the requested Hair Sample testing choices from below options:**

- Test and evaluate the hair sample segments based on the above incident date
- Test full length hair strands

For Hair Sample submission, please indicate where the hair sample was collected from:

- Hair from head or  Body Hair (Under Arm, Chest, Pubic, etc.)

Sample Submitter: I certify that I am submitting this test sample(s) Check Mark **your choice**)

- on my own behalf or  on behalf of the identified sample donor shown above.

Sample submitter's name (print) \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Requested Testing Choices: **Unique test or sample? Please call 866-889-3410 for a quote**

Please **circle your choice** (Each circled testing choice requires a corresponding testing fee)

**Toxicology: Comprehensive Heavy Metals | Glycolic Metabolite (AF) | Tetrahydrozoline (Eye Drops) | Ricin | Cyanide | Chemicals/Unknown Toxins | Unknown Drug Scan | Bath Salt | Scopolamine | Date Rape Drugs | Drug Facilitated Sexual Assault |**

**DNA: Paternity | Maternity | Ancestry | Y-STR | Siblingship | Infidelity | Semen Detection |**

**Other:** (explain) \_\_\_\_\_

Witness(es) 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 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 Service, please add an additional \$20.00 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