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| **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:*  **Drug Residue Lab | SGS Forensic 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 (*cm2*)** |
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| Evidence Delivered By:  Courier  Drop Off  Pick-up | | | | |
| Samples Submitted By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Samples Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |