|  |
| --- |
| **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*)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Evidence Delivered By:  Courier  Drop Off  Pick-up |
| Samples Submitted By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Samples Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |