

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: Cou	ırier [☐ Drop Off ☐ Pick-up	
Samples Submitted By:	Da	ate/Tii	me:	
Samples Received By:	D	ate/Ti	me:	