**ANALYSIS REQUEST FORM – DRUGS OF ABUSE  
Methamphetamine & Precursors Swab Analysis**

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| **COMPANY DETAILS (To Appear on Report)** | | | | | | | | | | **PRIORITY & INSTRUCTIONS** | | | | | | |
| **Company Name** | |  | | | | | | | | **COMMENTS/SPECIAL INSTRUCTIONS** | | | | | | |
| **Address** | |  | | | | | | | |
| **Phone** | |  | | | | | | | |
| **E-mail** | |  | | | | | | | | **PRIORITY STATUS** | | | | | | |
| **Contact Person** | |  | | | | | | | | **URGENT**  Same Day Results  (Conditions Apply, See Footnote) \* | | | | **NORMAL**  Next Day Results | | |
| **Reference**  Max 15 characters | |  | | | **Purchase Order #**  Max 15 characters | |  | | |
| **Office Use Only** | | | | | | | | | | | | | | | | |
| ***Laboratory ID Number*** | | | | ***Date Received*** | | ***Received By*** | | ***Report Sent*** | | | | ***Invoice Sent*** | | | | |
| **SAMPLE INFORMATION** | | | | | | | | | | | | | | | | |
| **Site ID or Address** | | |  | | | | | | **Sampler** | |  | | | | | |
| **Tube #** | **Sample Reference, Room, Date & Time**  **Please include any details you wish to have included on the test report, at least two pieces of information should match the information on the corresponding sample tube** | | | | | | | | | | **Sample Type**  **(🗸)** | | **Number of Swabs**  **(Field Composite Only)** | | **Analysis Required**  **(🗸)** | |
| **Discrete** | **Field Composite** | **Individual** | **Lab Composite**  **(Please indicate groups)** |
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| **Tube #** | **Sample Reference, Room, Date & Time**  **Please include any details you wish to have included on the test report, at least two pieces of information should match the information on the corresponding sample tube** | | | | | | | | | | **Sample Type**  **(🗸)** | | **Number of Swabs**  **(Field Composite Only)** | | **Analysis Required**  **(🗸)** | |
| **Discrete** | **Field Composite** | **Individual** | **Lab Composite**  **(Please indicate groups)** |
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