**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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