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

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **COMPANY DETAILS (To Appear on Report)** | | | | | | | | | **PRIORITY & INSTRUCTIONS** | | |
| **Company Name** | |  | | | | | | | **COMMENTS/SPECIAL INSTRUCTIONS** | | |
| **Address** | |  | | | | | | |
| *Additional Report Options:* | | **Include CSV Report** |
| **Phone** | |  | | | | | | | **PRIORITY STATUS** | | |
| **E-mail** | |  | | | | | | | **URGENT**  Same Day Results  (Conditions Apply)\* | | **NORMAL**  Next Day Results |
| **Contact Person** | |  | | | | | | |
| **Reference**  Max 15 characters | |  | | | | | | | ***Office Use Only***  ***Laboratory ID Number*** | | |
| **Purchase Order #**  Max 15 characters | |  | | | | | | |
| **Please Indicate** | | Soft Furnishing / Material  (mg/kg) | | Dust  (µg/sample) | Soil  (µg/sample) | Water  (µg/sample) | Paint flakes  (µg/sample) | | ***Date Received*** | | ***Received By*** |
| ***Reported*** | | ***Invoiced*** |
| **SAMPLE INFORMATION**  **Please include any details you wish to have included on the test report** | | | | | | | | | | | |
| **Site ID or Address** | | |  | | | | | **Sampler** | |  | |
| **Tube #** | **Sample Reference, Room/Sample Location, Date & Time** | | | | | | | | | | |
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