**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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| **Tube #** | **Sample Reference, Room/Sample Location, Date & Time** |
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