

FORENSIC TOXICOLOGY REQUEST

SPECIMENS SUBMITTED

(Specify collection sites for all blood/tissue specimens)

| Specimen Number (for your Ref.) | Type of Specimen Collected | Specimen Container/Preservative (e.g. fluoride/oxalate) | Anatomical Collection Site (e.g. femoral vein) | Date of Collection | Time of Collection |
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MAIN REPORT COPY:

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Address:

INVOICE TO BE SENT TO:

Position:

Telephone No:

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FOR LABORATORY AND SERVICE ENQUIRIES CONTACT: