

The following information is to be filled out by the attorney representing the subject whose blood was drawn.

Subject Information:

Subject's Name (Last, First Middle): _____

Date of Birth: _____ Arresting Agency: _____

Date of Collection: _____ Blood Kit Number (if known): _____

Attorney Information:

Attorney Name: _____ Name of Firm: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Please indicate how you want to receive the report: Mail Fax

By signing below, I state that the above information is true and correct and that I represent the above referenced individual.

Signature: _____ Date: _____

Send requests for Toxicology Criminalistics Examination Report to:

Oklahoma State Bureau of Investigation
Forensic Science Center
Attn: Toxicology Unit
800 E. 2nd Street
Edmond, OK 73034-5309

Requests can also be faxed to 405-330-6974 or emailed to toxicology@osbi.ok.gov.

LAB USE ONLY
OSBI Case #: _____
Initials: _____
Date: _____