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

|  |
| --- |
| LAB USE ONLY  OSBI Case #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Requests can also be faxed to 405-330-6974 or emailed to** [**toxicology@osbi.ok.gov**](mailto:toxicology@osbi.ok.gov)**.**