Oklahoma State Bureau of Investigation

Attn: Toxicology Unit

800 E. 2nd Street

Edmond, OK 73034

Fax: 405-330-6974

toxicology@osbi.ok.gov

July 6, 2018

RE: Subject’s Name:

Date of Birth:

Arresting Agency:

Date of Collection:

Blood Kit Number:

Court Case Number:

I, [name of attorney or firm], represent the above referenced individual in a criminal matter. I am requesting that the OSBI forward the defendant’s retained blood sample to the following laboratory:

[Laboratory Name]

[Laboratory Mailing Address Line 1]

[Laboratory Mailing Address Line 2]

[Laboratory Mailing Address Line 3]

[City, State Zip Code]

By signing below, I affirm that I represent the above referenced individual in a criminal matter.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_