

Oklahoma State Bureau of Investigation
Attn: Toxicology Unit
800 E. 2nd Street
Edmond, OK 73034
Fax: 405-330-6974
toxicology@osbi.ok.gov

Date:

RE: Subject's Name:
Date of Birth:
Arresting Agency:
Date of Collection:
Blood Kit Number:
Court Case Number:

I, _____, 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: _____