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

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| --- |
| LAB USE ONLYOSBI Case #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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