



**OKLAHOMA STATE BUREAU OF INVESTIGATION
REQUEST FOR TOXICOLOGY CRIMINALISTICS EXAMINATION REPORT**

Toxicology Criminalistics Examination Report Request:

Name (Last, First Middle): _____

Date of Birth: _____ Mailing Address: _____

Date of Collection: _____ Arresting Agency: _____

Blood Kit Number (if known): _____ Phone Number: _____

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

Fax Number (if applicable): _____

By signing below, I state that the above information is true and accurate and that I am the person making this request.

Signature: _____ Date: _____

***** Please attach a copy of your driver's license with this request. If a driver's license is not available, please include another official form of ID.**

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 405-330-6207 or emailed to toxicology@osbi.ok.gov.

LAB USE ONLY

OSBI Case #: _____

Initials: _____

Date: _____