



**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. 2<sup>nd</sup> Street  
Edmond, OK 73034-5309

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

LAB USE ONLY
OSBI Case #: _____
Initials: _____
Date: _____