

Oklahoma State Bureau of Investigation  
Attn: Toxicology Unit  
800 E. 2<sup>nd</sup> Street  
Edmond, OK 73034  
Fax: 405-330-6207  
[toxicology@osbi.ok.gov](mailto: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: \_\_\_\_\_