



**OKLAHOMA STATE BUREAU OF INVESTIGATION
REQUEST FOR INDEPENDENT ANALYSIS**

Please note that you are responsible for making all necessary arrangements and payments for the independent testing of your sample.

Request for Independent Analysis:

Name (Last, First Middle): _____

Date of Birth: _____ Mailing Address: _____

Date of Collection: _____ Arresting Agency: _____

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

Please indicate the laboratory you wish your sample to be forwarded to:

Laboratory Name: _____

Laboratory Mailing Address Line 1: _____

Laboratory Mailing Address Line 2: _____

Laboratory Mailing Address Line 3: _____

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 independent analysis 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: _____

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