



## Sample Submission Form-Hair

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

How do you want your results sent to you? Email \_\_\_\_\_ Mail \_\_\_\_\_ Phone \_\_\_\_\_

Sample Donor Date of Birth: \_\_\_\_\_

Collection Site: Head \_\_\_\_\_ Body/Pubic \_\_\_\_\_ **Do not mix samples**

Test for: Drugs \_\_\_\_\_ Chemicals/Poisons \_\_\_\_\_ Metals/Minerals \_\_\_\_\_

If you are ordering the test for date rape drugs, please indicate the date you think you may have been given the drugs: \_\_\_\_\_

Any further information you think might be helpful?

\_\_\_\_\_  
\_\_\_\_\_

Mail your samples to: **Private Lab Results, 743 Gold Hill PL S #67, Woodland Park CO 80863.** If you have any questions, please contact us at [info@privatelabresults.com](mailto:info@privatelabresults.com) or call 800-908-9117.

Private Lab Results shall not be liable for any loss, or damage suffered by you or any other person as a result of the test results or lack thereof. You warrant that you are legally entitled to the possession of the samples you have provided to us. You agree to indemnify us against any loss or damage that we may suffer as a result of you providing us with the samples which have not been legally obtained. Results of the analysis is prepared for the use of the customer to whom it is given or sent. Results can only be released in accordance with the instructions provided by the customer on this document.

Signature of submitter: \_\_\_\_\_

Internal use only:

Date Rcvd \_\_\_\_\_ By \_\_\_\_\_ For Dept \_\_\_\_\_ IOC \_\_\_\_\_