



Sample Submission Form

Name: _____

Address: _____

Phone: _____

E-mail: _____

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

Test for: Drugs _____ Chemicals/Poisons _____ Saliva _____ Other _____

How many samples are you sending to be tested? _____ What type of sample? _____

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 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 _____