

Hair Testing Sample Submission Form

Order #: (If order placed online) _____

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 _____ **Do not mix samples**

Test for: Drugs _____ Chemicals/Poisons _____ Metals _____ Date Rape Drugs _____

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

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 _____

