

# RCPD Controlled Substance Testing Lab Work Submission Form

Laboratory# (lab use only) \_\_\_\_\_

## Requestor and Billing Information

*Date of Request* \_\_\_\_\_

*Requestor* \_\_\_\_\_ *Agency* \_\_\_\_\_

*Phone Number* \_\_\_\_\_ *Email* \_\_\_\_\_

*What agency should be billed?* \_\_\_\_\_

## Reason for Testing

Investigation Purposes  
(Test report only – affidavit provided upon request)

Grand Jury  
(Affidavit required – please provide additional info below)

Additional information **REQUIRED** for Affidavit

<i>County of Prosecution</i>	
<i>Judicial Circuit of Prosecution</i>	
<i>Prosecuting Attorney</i>	
<i>List all Defendants</i>	

## Requested Turnaround Time

Standard (10 days)

Expedited (additional fees may apply)

Agency Case Number

RCPD Case Number

**Items to be tested** - Include RCPD item number, brief description, and any special testing instructions (i.e. of the following items, test one to positive) Attach additional pages if necessary.

**Additional Comments / Instructions** - Attach additional pages if necessary

**Questions? Please call the RCPD Evidence Forensic Laboratory at (605) 394-6033**