

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? _____

Do you Need an Affidavit? Yes No

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 working days)

Expedited (additional fees may apply)

Agency Case Number

RCPD Case Number

Items to be tested - One of the three choices **MUST** be selected - include RCPD number and description.

Of items listed: Test one to positive Test all Other - Provide specific instructions

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Additional Comments / Instructions - Attach additional pages if necessary

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