

**ANALYTICAL REQUEST / CHAIN-OF-CUSTODY**

1103 Donner Avenue Monessen, PA 15062  
 Telephone 724.691.0263  
 Facsimile 724.420.5783  
 www.steelfusionlabs.com



Sample ID

Agency Account Information (Reports will be delivered according to the information provided below.)	
Agency Name	
Authorized Coroner/ME License No./Exp Date	
Report To	
Address	
City, State, Zip Code	
Telephone	
Facsimile	
Email	

Comments (For Laboratory Use Only)

Decedent/Sample Information	
Decedent ID No.	
Decedent's Last, First Name	
Date of Birth/Sex	/ /      Circle One    M    F
Age	
Date and Time of Sample Collection	
Name of Sample Collector	Print Name _____ Signature _____
Requested Analysis	<b>Post-mortem Oral Fluid Panel (LC-MS/MS Quantitative Analysis) NOTE: Results are based on a single test from a single aliquot, unless otherwise noted.</b>
Suspected Overdose Volume Indicator	Circle One      Yes      No
Turned Blue	Circle One      Yes      No

Weighing of Transport Tube (For Laboratory Use Only)		
Transport Tube	Lot No.	Exp.
Average Transport Tube Weight (g)	9.9113g	
Transport Tube Weight (g) After Sample Collection	_____ (g)	
Performed By/Date		
Reviewed By/Date		

Sample Disposition	
All samples will be discarded based upon laboratory disposition procedures unless otherwise instructed. If you would like the sample returned, please provide a return address in the space below. <i>Note additional shipping charges will be applied.</i>	
Return Sample (Yes/No)	Circle One      Yes      No
Return Address	

Chain-of-Custody						
Relinquished By/Affiliation	Date	Time	Accepted By/Affiliation	Date	Time	Sample Condition (for laboratory use only)
						Sealed (Y/N)      Sample Intact (Y/N)