



Customer Information

Authorized Agency		Officer/Authorized Agent	
Address		Phone	Fax

Testing Ordered

<input type="checkbox"/> T52 - DUID Panel	<input type="checkbox"/> T53 - Volatiles Screen/Quant	<input type="checkbox"/> D01 - Controlled Substance Identification
<input type="checkbox"/> Check For Specimen Return —If left unchecked, specimen will be discarded after 30 days.		

Suspect Information

Last Name, First Name, M.I.		DOB
Date of Incident	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	SSN

Case Information

Case Number	Substances Suspected
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Exhibit/Sample Information

Exhibit/Sample ID	Qty	Description	Date/Time Collected	Collected By

Exhibit/Sample External Chain of Custody

Date / Time	Specimens / Case ID	Retrieved / Received From	Received By	Purpose

I understand that I am responsible for all fees and charges. By signing below, I acknowledge, authorize, and assign to MolecularDx any payment(s) made on my behalf for services provided to me by MolecularDx. I understand that if I have any questions or concerns I may call MolecularDx at (814)-361-6997. I authorize MolecularDx and its affiliates to use any de-identified data or residual specimen materials that may result from this testing for any purpose permitted by law including, without limitation, including internal quality improvement or scientific processes, method validation, development or adjustments to assays, verification of test performance, quality assurance or quality control procedures, software development, research, and scholarly activities such as aggregation of data for peer review and publication.