



Postmortem Forensic Requisition

Customer Information

Client/Agency	Coroner/Pathologist	Address or County	Phone
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Testing Ordered

T50 Basic Toxicology Service	T53 Volatiles	T55 Carboxyhemoglobin	T57 Drugs of Abuse (Stand-Alone)
T51 Advanced Toxicology Service	T54 Vitreous Electrolytes	T56 Drugs of Abuse (Add-On)	D01 Controlled Substance Identification

Check for specimen return—if left unchecked, specimen will be discarded after 1 year. Shipping not included.

Decedent Information

Name [last, first, MI]	ID/Case Number	Date of Birth
Decomposition	Sex	Date of Death
Substances Suspected/Relevant case or death findings		

Sample Information

Sample Type	Qty	Site Collected	Container	Amount w/Unit	Date/Time Collected	Collected By

Custody Information

Date/Time	Released By	Received By	Reason

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.

Coroner/Pathologist Signature: _____	Date: _____
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