

Completing the NMS Labs Drug ID/BAC Requisition Form

LOCATIONS:

- Willow Grove, Pennsylvania
- Bucks County, Pennsylvania
- Dallas-Fort Worth, Texas
- El Paso, Texas
- Winston-Salem, North Carolina



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CRIME LAB DRUG IDENTIFICATION / BAC REQUISITION FORM

A copy of the form must be submitted with the evidence. Please contact NMS Labs Client Services at CrimeLab@NMSLabs.com or (844) 276-1182 with any questions. Thank you.

NMS Labs Account #: 12345 **1**

Agency: XYZ Police Department

Agency Contact: _____

Agency Address: _____

City, State, Zip: _____

Agency Phone: _____ **2**

Agency Fax: _____

Contact Email: _____

Submitting County: _____

Case # or OCA #: _____

Criminal Docket #: _____

Delivered By: _____

Offense Date: _____

Offense: _____

Suspect Name(s)/DOB(s): _____ **4**

Case History: _____
(attach add'l sheets as needed)

Is this an additional submission for this offense?
Yes **3** No

Item #	Description of Items	Examine For (e.g. Drug ID, BAC, Tox)
		Please select <input type="button" value="v"/>
		Please select <input type="button" value="v"/>
		Please select <input type="button" value="v"/>
		Please select <input type="button" value="v"/>
		Please select <input type="button" value="v"/>
		Please select <input type="button" value="v"/>

Date	Time	Item #	Relinquished By <i>Print and sign</i>	Received By <i>Print and sign</i>	Comments / Purpose of Transfer

Completing the NMS Labs Drug ID/BAC Requisition Form

Please follow the instructions below when completing the NMS Labs Drug ID/BAC requisition form.

1. **NMS Labs Account #** and **Agency** will be pre-populated if requisition forms are ordered through our Client Support department. (NOTE: If forms are [downloaded from the website](#), clients will need to input this information.)
2. Complete the follow demographic information:
 - Agency Contact
 - Agency Address, City, State, Zip
 - Agency Phone, Fax
 - Contact Email
 - Submitting County
3. Check as appropriate:
 - Is this an additional submission for this offense? – Yes or No
4. Complete the following case details, **as applicable**:
 - Case # or OCA # (may also be known as Offense # or Investigative Case #)
 - Criminal Docket #
 - Delivered By (who is delivering the evidence?)
 - Offense Date
 - Offense
 - Suspect Name(s)/DOB(s)
 - Case History (attach additional sheets as needed)
5. Order testing in this section:
 - Enter Lab Item # (if applicable)
 - Enter Description of Items
 - Select testing required from the drop down menu:
 - Drug ID
 - BAC only
 - Tox if BAC under: (*specify applicable BAC level in blank space next to drop down*)
 - Tox & BAC
 - Tox only
 - Other (enter): (*specify in blank space next to drop down*)
6. Complete chain of custody.