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FORENSIC DRUG CHEMISTRY REQUISITION FORM

A copy of the form must be submitted with the evidence. Please contact NMS Labs Client Services at Forensics@NMSLabs.com or (866) 522-2216 with any questions. Thank you.

NMS Labs Account #: _____
 Agency Name: _____
 Agency Contact: _____
 Agency Address: _____
 City, State, Zip: _____
 Agency Phone: _____
 Contact Email: _____
 Submitting County: _____

Case Number: _____
 Offense Date: _____
 Offense: _____
 Suspect Name(s)/DOB(s): _____

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

Misdemeanor ☐ Felony ☐ Juvenile ☐

Agency Item #	Description of Items	Requested Testing (Select from the codes below)

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

Test Request Codes			
DI	Drug ID (non-THC) Provides a qualitative result.	HMD	Hemp/Marijuana Differentiation (THC) Provides Total Delta-9-THC above or below a 1% threshold.
DQ	Drug Quantitation (non-THC) Provides the exact percentage of a drug.	CQ	Cannabinoid Quantitation (THC) Provides the exact percentage of Total Delta-9-THC.
CSB	Cocaine Salt v. Base Determination Drug ID must be performed first. Requires a positive cocaine finding.	MI	Methamphetamine Isomer Determination Drug ID must be performed first. Requires a positive methamphetamine finding.
GHB	GHB ID Provides a qualitative result.	O	Other Specify.

New/Prepayment accounts must provide completed page 2 with sample submission.



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NMS Labs Credit Card Authorization Form

All fees must be pre-paid prior to beginning any testing/services ordered on this case.

By signing below, the credit card holder agrees to pay all fees associated with the testing services requested by the authorized agent ordering such services. Invoices are generated at the end of each month. The charge(s) will appear on your credit card statement as "National Medical Services."

Please provide the Visa, MasterCard or American Express card number, expiration date, security code (3-digit code on the back of the card at the end of the card number) and name as it appears on the card.

Note: Personal credit cards or checks are not accepted.

Card Holder Name: _____

Name as it appears on card (if different): _____

Billing Address: _____

Card Holder's Telephone #: _____ Fax #: _____ Email Address: _____

Receipt should be sent via ☐ Fax ☐ Email

Credit Card Information:

Visa #: _____ Exp. Date: _____ 3 digit security code: _____

Master Card #: _____ Exp. Date: _____ 3 digit security code: _____

American Exp #: _____ Exp. Date: _____ 3 digit security code: _____

NMS Labs will not discuss any information concerning the case with any facility/agency or individual without permission from the client facility/agency submitting the sample(s). The submitting client on record is the authorized agent ordering the analyses and the location to receive the final results (unless otherwise instructed).

I hereby authorize NMS Labs to charge the credit card number I have provided as payment for all analyses associated with the submitted case. By signing my name below, I agree I am responsible for payment for services rendered in full.

Credit Card Holder:

Signature: _____ Date: _____

For NMS Use Only:

CSR: _____ Date sent: _____

NMS Labs Case / WO# _____

CREDIT AUTHORIZATION

