

DRUG IDENTIFICATION KIT

FEATURES

- Sample vials and swabs to obtain sample(s) for laboratory identification.
- Chain of Custody (COC) / Work Order and return envelope.
- Laboratory analysis.

SAMPLING INSTRUCTIONS

Carefully follow the instructions for obtaining a sample for laboratory identification.

For unusual sample types call 877.343.5227

OBTAINING A SAMPLE FOR LABORATORY IDENTIFICATION

1. Open plastic vial, remove the glass vial, and **write sample number on white glass patch (e.g. 1, 2, 3)**
2. Wet the supplied cotton tipped applicator with solvent found in the glass vial and swab the suspect area(s). Multiple non-porous surfaces can be swabbed using a single swab if necessary.
3. Dip the swab tip back into the vial solvent and swirl to release residues from the swab. Discard swab.
4. **Reseal glass vial cap tightly**, return to the plastic bottle and place in the return mailer.
5. Complete the chain of custody form (see reverse side of this form).
*Note: **List drugs to test for**, broad spectrum and/or specific classes, on reverse side of this form.*
6. Sign and date the relinquished by line of the form.
7. Seal mailing envelope and mail to Absolute Labs using the address found on the envelope.

TESTING OPTIONS

- **BROAD SPECTRUM:** meth, amphetamine, ketamine, heroin, opium, cocaine, cannabis, PCP, and LSD.
- **SPECIFIC ILLICIT DRUG CLASS TESTS:**
 - Methamphetamine and derivatives: meth/MDMA/ecstasy
 - Heroin and derivatives: heroin, methadone
 - Opiate derivatives: opium, morphine, codeine
 - Cocaine and derivatives: cocaine, crack, PCP
 - Cannabis and derivatives: hashish, marijuana
 - Fentanyl

NEED ADDITIONAL KITS?

Drug Identification Kits: Yes Quantity: _____

Additional Samples: Yes Quantity: _____

Paint Identification Kits: Yes Quantity: _____

Additional Samples: Yes Quantity: _____

Contaminant Identification Kits for Automotive Fluids: Yes Quantity: _____

Attn: _____ Email: _____ Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

Or order online



absolutelabs.net/kits



REPORTING INFORMATION

Company: _____ Department: _____

Contact/Adjuster: _____ Phone: _____

Email(s) for results: _____

Claim file email (if applicable): _____

SERVICE REQUESTOR - Same as above

Name and company: _____

BILLING INFORMATION - Same as above

Contact: _____ Email: _____ Phone: _____

SAMPLING INFORMATION

Case/claim no.: _____

Vehicle year, make, and model: _____ Last 6 of VIN: _____

Obtained by: _____ Date sampled: _____ Phone: _____

Drugs to test for (broad spectrum and/or specific classes, see back for options): _____

SAMPLE DESCRIPTION

Sample 1: _____

Sample 2: _____

Sample 3: _____

Sample 4: _____

Sample 5: _____

Sample 6: _____

Sample 7: _____

EVIDENCE TRANSFER RECORD

Relinquished by (signature*): *X* _____ Date: _____ Time: _____

Received by: _____ Date: _____ Time: _____

**By signing this form the client agrees to the terms and conditions posted on absolutelabs.net.*