## Washington State Patrol Toxicology Laboratory

Phone: 206-262-6100/Fax: 206-262-6145 Email: toxlab@wsp.wa.gov

## **Release of Biological Samples**

Requestor Information:	
Name:	Agency:
Date:	Phone Number:
Case Information	
Subject Name (First MI Last):	
Date of Incident:	County of Incident:
State Patrol Toxicology Numb	er: ST –
Select an option below:	
Ongoing criminal investigation	or prosecution – with subpoena
<ul> <li>Attach subpoena s samples</li> </ul>	signed by a judge detailing instructions for the biological
☐ Ongoing criminal investigation of	or prosecution – no subpoena
Requires completic	on of the section below
I	(Dragogutar) have read and consent to the release of
hiological samples from ST –	(Prosecutor), have read and consent to the release of
	·
Please send this biological sample to	):
	the sample will be sent via certified mail USPS; we do not recommend this method)  Phone Number:
Name:	
	UPS Account Number:
Street Address:	City, State, ZIP:
Special Instructions (to include any o funds cannot be used for private testing	other billing methods and shipping payment method; state
Requestor Signature and Date	Prosecutor Signature and Date
Prosecutor Phone Number:	Email:
☐ No ongoing criminal investigation	or prosecution – signatures required
Requestor Signature and Date	Prosecutor Signature and Date

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