TO: Toxicology Laboratory Users

FROM: Washington State Toxicology Laboratory

SUBJECT: Release of Toxicology Biological Samples

Release of biological samples in possession of the Washington State Toxicology Laboratory is dependent upon whether there is an ongoing criminal investigation or prosecution of the matter in the course of which the sample was taken.

In either case, you must provide the following:

• Subjects’ Complete Name
• Date of Incident
• County of Incident
• Washington State Toxicology Laboratory Case Number

If there is no ongoing criminal investigation or prosecution, you must provide a written statement to that effect. This will be verified prior to release of the samples.

If there is an ongoing criminal investigation or prosecution of the matter in the course of which the sample was taken, you must provide one of the following:

• Mailed, emailed, or faxed written consent of the prosecutor and instructions as to where you want us to send the sample(s) for further testing.

OR

• A subpoena, signed by a judge directing what is to be done with the sample(s).

If you have any questions regarding this, please contact the Toxicology Laboratory Office Manager, by phone at (206) 262-6100, by email at toxlab@wsp.wa.gov, or fax at (206) 262-6145.
Release of Biological Samples

Requestor’s Name:_________           Date:_________  

Requestor’s Phone Number:_________         Agency:_________

Subject’s Complete Name:_________          Date of Incident:_________

WA. State Toxicology Laboratory Case #:_________         County of Incident:_________

☐ NO Ongoing Criminal Investigation/Prosecution

☐ Ongoing Criminal Investigation/Prosecution requires subpoena, signed by a judge directing what is to be done with the sample attached. OR

☐ Ongoing Criminal Investigation/Prosecution (Requires written consent of the prosecutor and instructions as to where to send the sample for further testing.)

I __________________________________ Deputy Prosecutor, have read and consent to the release of this biological sample on this date:_________. DPA Phone #: __________

Please send this biological sample to:
(If a shipping method account number is not included; the sample will be sent via certified mail USPS; we do not recommend this method)

Name:______________________________  Fed Ex/UPS Account#: __________________

Address:______________________________  Phone Number:________________________

City, State, Zip __________________________

Special Instructions (to include any other billing methods and shipping payment method; state funds can not be used for private testing)

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Requestor’s Signature/Date ___________________________  Prosecutor’s Signature/Date ___________________________