Request for External Methamphetamine Testing

I	e	,name	, am requesting that ev	vidence in the below mentioned case	
			confirmation testing of metham	phetamine. I understand that, if	
approved, tl	he evide	ence item will be	sent to an external testing prov	vider for testing. The testing	
provider is l	ocated o	outside of Washi	ngton State.		
Signed			Date:		
J					
Requestor Test report w completion					
	cology	Case Number:			
Subject N	ame:				
Agency/A	gency (Case Number			
/ igonoy// igonoy caoo mambol			Agency	Agency Case #	
Please subr		•	o <u>toxlab@wsp.wa.gov</u> with sub	ject line: Request for external	
For Lab Us	e Only:				
Υ	N	WSP Toxicology Test Report is positive for methamphetamine			
Υ	N	Evidence item is available			
Y	N	Was in-house testing performed on evidence item?			
Initials/Date	c				
		receive correspond roved or denied.	dence from the WSP Toxicology L	aboratory Division indicating if	
Approved I	oy:				
<u></u>			Date:		
Signed					
Y	N	Physical evidence seal present. If yes,			
Υ	N	Physical evidence seal intact			
Initials/Date	:				