OHIO DEPARTMENT OF AGRICULTURE
Analytical Toxicology Laboratory (ATL)
c/o Consumer Analytical Laboratory, Bldg #3
8995 East Main Street
Reynoldsburg, OH 43068

Phone: 614-728-6318, Fax: 614-466-9772

ATL SAMPLE SUBMISSION FORM FOR ANABOLIC STEROID ELECTIVE TESTING

Instructions for submission of samples:

1. Samples can be submitted by mail or in person.
2. Analysis fee ($120/sample for AAS screening; add $180 if confirmation is required) must accompany submission of samples for testing whether by mail or in person.
3. Sample type: Two 10 mL tubes of blood (plasma) for screening, and one urine (minimum 20 mL) sample must accompany the blood samples if confirmatory analysis is required.
4. Payment must be in the form of certified check or money order made out to "Ohio Department of Agriculture".

Note: It is stressed that test results are only good for the day that the urine and/or blood sample is collected.

Name of Owner/Trainer	**Submitting Veterinarian:**
ADDRESS:	NAME:
	ADDRESS:
Phone:	State preference to receive test results: (Check one): Mail ( ) :Fax ( ):Email ( )
Fax:	Fax No: Email address:
	Note: Test results may be subject to official public records request.

Qty	ANIMAL ID (e.g. Name of Animal)	Tattoo #	Gender	TEST(S) REQUESTED (Screen only/Screen + Confirm)	SAMPLE DESCRIPTION (e.g. Plasma, Urine)

☐ **I certify that I have collected the above sample(s) and officially identified the animal(s) indicated.**

Payment for analysis fee of $..... by: Certified Check/Money Order No: .....is enclosed with the sample(s)

NAME (Track/Licensed Veterinarian) VETERINARIAN'S SIGNATURE: DATE:

COMMENTS

CHAIN OF CUSTODY (For Lab use only)	
Received by:	Time and Date:
Received by:	Time and Date:
Received by:	Time and Date: