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

Phone: 614-466-2910, Fax: 614-466-9772

ATL SAMPLE SUBMISSION FORM FOR ELECTIVE TESTING

Instructions for submission of samples:

1. Sample type: Two 10 mL tubes of blood (plasma) or minimum 20 mL of urine sample to be submitted for screening.

   Please contact the ATL Director to ensure the appropriate sample type is collected.

If confirmatory analysis is required, please specify in the appropriate section below (no additional sample is needed).

2. Sample submission: Samples can be submitted by mail, courier or in person.
3. Analysis fee ($120/sample for screening; add $180 if confirmation is required) must accompany submission of samples for testing. 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 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 # (if applicable)	TEST(S) REQUESTED (Drug type) (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: