VERMONT FORENSIC LABORATORY

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http://vfl.vermont.gov

LAB USE ONLY

VFL#

REQUEST FOR INDEPENDENT BLOOD COLLECTION

This form is to be submitted *with* the Independent Blood Sample

PLEASE PRINT • Illegible or incomplete information may result in the delay of processing.
Questions or comments, please contact the laboratory.

Name of subject: _____

Date of collection: _____ Time of collection: _____

Collection Facility: _____

Collected by: _____

I have granted permission for a blood sample to be drawn.

_____
Signature of Subject

LAB USE ONLY

VFL Case # _____

Date: _____ Time: _____ By: _____

Delivery:

☐ Cert Mail # _____ ☐ Hand Carried

☐ Other: _____

Comments:

☐ Opened to remove submission form only and repackaged. _____
Initial/Date

☐ Other: _____

ARCHIVE