**VERMONT FORENSIC LABORATORY**

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**LAB USE ONLY**

VFL #

# REQUEST FOR INDEPENDENT BLOOD COLLECTION

**PLEASE PRINT** • Incomplete information may result in the delay of processing.

Name of subject: _____

Date of collection: _____ Time of collection: _____

Place of collection: _____

Collected by: _____

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

_____
Signature of Subject

*Questions or comments? Please contact the laboratory.*

ARCHIVE