Retest **Request Form**

ACCOUNT INFORMATION

ACCOUNT #

CONTACT NAME

CONTACT TITLE

DATE

PHONE#

EMAIL

ACCESSION#	LIST EACH DRUG OR PANEL TO BE TESTED*

**Testing will be performed according to your agency's testing profile.*

ACKNOWLEDGEMENT

I understand/acknowledge that appropriate charges will be made for all retest requests.

PRINTED NAME

SIGNATURE *(REQUIRED)*

Please fax completed form back to Client Services at 707-577-0365.

REDWOOD TOXICOLOGY LABORATORY™

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