



**FRONTRANGE**LABS

## DEA-222 Request Form

Before submitting any narcotic for testing, complete and fax this Form to 970.593.9044

Line No.	Sample	Concentration	Quantity
1			
2			
3			
4			
5			

### Company Information

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone/Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Contact Person \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_

**Date Signed** \_\_\_\_\_

### Comments/Notes

www.FrontRangeLabs.com

info@FrontRangeLabs.com  
131 12th St SW  
Loveland CO 80537  
p970.593.0171/f970.593.9044  
Confidential Form

