



*The Commonwealth of Massachusetts*  
*Department of State Police*



*MSPCL Toxicology Unit*  
*124 Acton Street*  
*Maynard, Massachusetts 01754*  
*Phone: 857-377-3010*

Email completed request form to the MSPCL Case Management Unit: [mspclemu@mass.gov](mailto:mspclemu@mass.gov)

## REQUEST FORM

☐ Serum/Plasma Conversion

☐ Retrograde Extrapolation

**Serum/Plasma Conversion requests must be accompanied by a copy of the hospital laboratory result.**

**Retrograde extrapolation requests must be accompanied by a copy of the Police Report AND the hospital laboratory result.**

**Note: Calculations performed using results provided by an external party do not fall under the MSPCL scope of accreditation.**

Date of Request:

Court Date\*:

### CASE INFORMATION

Subject:  
(Last, First, MI)

Charges:

Arresting Dept:

Date of Arrest:

Court Location:

Docket No:

Hospital:

Result:

Laboratory Case Number:

### REQUESTED BY

Name:

Telephone:

Email:

Agency:

Address:

City:

State:

Zip:

\*Cases will not be assigned and reports will not be issued until a court date has been provided.