



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

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.