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LABORATORY TEST REQUEST

TO: FORENSIC ANALYST
CAYMAN ISLANDS HEALTH SERVICE AUTHORITY (CIHSA)

FROM: DIRECTOR, PUBLIC TRANSPORT UNIT (PTU)

SUBJECT: LAB TEST

DATE: _____ 2017

Dear Sir/Madam,

On behalf of the Public Transport Unit please collect and conduct drug test on blood / urine specimen of _____ DOB: _____
Full Name Date of Birth

P.O.: _____ Address: _____
Mailing Address Physical Address

and submit the results to the Director of PTU at your earliest convenience.

If you have any questions, please feel free to contact the Public Transport Unit at the above address.

Yours sincerely,

For Director,
Public Transport Unit

Cc: File

Declaration: I, _____ hereby authorize _____
(Name of Forensic Analyst)

to release this medical information to the Director of Public Transport Unit for the purposes of the Traffic Law (2011) and the Public Passenger Vehicles Regulations (2014 Revision).