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AUTHORIZATION TO CONDUCT VEGETABLE OILS & FATS (FAME) ANALYSIS

CASE/CLAIM #: _____ POLICY #: _____

CARRIER/DEPARTMENT: _____

CASE NAME/INSURED: _____

LOSS LOCATION: _____

INCIDENT DATE: _____ INVESTIGATOR CASE #: _____

AFA CASE #: _____

I, _____, of _____

am authorized to permit Analytical Forensic Associates to conduct vegetable oils & fats (FAME) analysis of the evidence submitted from the above referenced case. I understand that VOR/FAME analysis requires the sample(s) to be extracted with a solvent and is a destructive test.

SIGNED: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____