



**TOXICOLOGY ANALYSIS REQUEST**

**This Form Must Be Included With the Property Receipt and Accompany the Evidence Submitted for Toxicology Analysis**  
**PRINT LEGIBLY OR TYPE**

Agency: \_\_\_\_\_ Case #: \_\_\_\_\_

Officer: \_\_\_\_\_ ID#: \_\_\_\_\_ Email: \_\_\_\_\_

Specimen Collected By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Specimen Collected From: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_

Specimen Type:  Blood  Urine  Beverage  Other-Describe \_\_\_\_\_

Type of Case:  Traffic Crash  Fatality  DWI/DUI  Other Date: \_\_\_\_\_ Time: \_\_\_\_\_

Potential Felony? Yes No

Was any medication administered by medical personnel prior to sample being drawn:  Yes  No

If yes, name of Medication(s): \_\_\_\_\_

**Subject Arrested:**  Yes  No

Breath Test Performed?  Yes  No Results: \_\_\_\_\_

Tests requested: \_\_\_\_\_ Blood Alcohol \_\_\_\_\_ Blood Drug Screen \_\_\_\_\_ Urine Drug Screen

*NOTE: Blood Alcohol analysis is performed on all DUI blood specimens. Requested Blood Drug Screen may not be performed based on the laboratory protocol. If you have any questions, please contact the Toxicology Unit at 561-688-4814 or toxicologyrequest@pbsso.org.*

DRE exam performed:  Yes  No DRE Officer: \_\_\_\_\_ Agency: \_\_\_\_\_

DRE Opinion: \_\_\_\_\_ DRE Email: \_\_\_\_\_

Drug History and Signs of Impairment (Please list any drugs, medications, or prescriptions the subject may have taken or were in his/her possession.)