# DUI Toxicology Analysis Request Form

Print Form

Clear Form

Bureau of Forensic Toxicology
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Lab #

ONE SUBJECT PER REQUEST FORM.

## Subject Information

| | | | |
|---|---|---|---|
| Last Name | | First Name | |
| Sex: ◉ Male ◯ Female | | Birthdate (MM/DD/YY) | |
| ID# | | ID type: Driver License | State: Utah |
| Subject Type: Driver | | | |

## Agency Information

| | | | |
|---|---|---|---|
| Requesting Officer | | Phone# | |
| Agency | | Agency Case# | |
| Address | | City | |
| County: Salt Lake | | | |

## Offense Information

| | |
|---|---|
| **Date and Time of Offense** | Date: Time: |
| **Incident information** *(check all that apply)* | ☐ DUI ☐ DUI metabolite ☐ Accident ☐ Fatal Accident ☐ Vehicular homicide ☐ Other: prior to submitting sample, phone authorization was received from: |
| **Breath alcohol test administered?** | ◉ No ◯ Yes Result = |
| **Standardized Field Sobriety tests conducted?** | |
| **DRE information:** | DRE not requested. **DRE report included?** ◯ Yes ◉ No |
| **List any drugs administered for medical treatment prior to blood draw:** | |

## Specimen Information

| Type | Number of Samples Submitted | *BFT Use Only* | | |
|---|---|---|---|---|
| | | *Reboxed* | *Destroyed* | *Date* |
| ☐ Blood | ◯ 0 ◯ 1 ◯ 2 ◯ 3 | | | |
| ☐ Urine | ◯ 0 ◯ 1 ◯ 2 ◯ 3 | | | |

| | |
|---|---|
| Sample(s) collected by: | |
| Date/Time blood sample collected: | Date: Time: |
| Date/Time urine sample collected: | Date: Time: |

**NOTICE:** Unless the laboratory is notified in writing, the specimen(s) will be destroyed 5 weeks after final report is issued.

## Analysis Requested

☐ Alcohol

☐ Drugs of Abuse (THC, Cocaine, Morphine, Amphetamines)

☐ Selected Prescription Drugs

List suspected drugs and/or symptoms exhibited:

For drug analysis not performed or provided by the BFT lab, the analysis can be referred to other laboratories at the law

## CHAIN OF CUSTODY

| From | Initials | | To | Initials | |
|---|---|---|---|---|---|
| Name / Agency | | Date / Time | Name / Agency | | Date / Time |
| Name / Agency | | Date / Time | Name / Agency | | Date / Time |
| Name / Agency | | Date / Time | Name / Agency | | Date / Time |
| Name / Agency | | Date / Time | Name / Agency | | Date / Time |
| Name / Agency | | Date / Time | Name / Agency | | Date / Time |