



STATE OF CONNECTICUT  
 DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION  
 Division of Scientific Services  
 Toxicology Laboratory

**REQUEST FOR EXAMINATION OF SPECIMENS FOR ALCOHOL/DRUGS**

**FOR LABORATORY USE ONLY**  
 Submission #1 Bar Code Label

**FOR LABORATORY USE ONLY**  
 Submission #2 Bar Code Label

**PLACE THE COMPLETED FORM IN THE MAILING SLEEVE AND ATTACH THE SLEEVE TO THE OUTSIDE OF THE EVIDENCE BOX, PLEASE FOLD THE FORM SO SUBJECT INFORMATION IS NOT VISIBLE**

\*\*\* See "Notes for Collection" on back of this form! \*\*\*

**SPECIMEN IDENTIFICATION**

Name of Subject: \_\_\_\_\_ Agency Case #: \_\_\_\_\_  
 (Print Name)

Address of Subject: \_\_\_\_\_  
 (Street) (City and State) (Zip Code)

Male  Female Age: \_\_\_\_\_ Town of Incident: \_\_\_\_\_

Name of Law Enforcement Agency/Department: \_\_\_\_\_

Accident?  Yes  No Fatality?  Yes  No

Breath Sample Taken:  Yes  No Result 1 (if taken): \_\_\_\_\_ Time: \_\_\_\_\_

Source:  Driver  Other: \_\_\_\_\_ Result 2 (if taken): \_\_\_\_\_ Time: \_\_\_\_\_

Note: If collecting a urine sample following a breath alcohol test, collect only one urine sample. If collecting only urine, collect two samples, at least 20 minutes apart.

**Specimen # 1**

Collected By: \_\_\_\_\_

Sealed By: \_\_\_\_\_

Date/Time Taken: \_\_\_\_\_

Specimen Type:  Urine  Blood  Other \_\_\_\_\_

**Specimen # 2**

Collected By: \_\_\_\_\_

Sealed By: \_\_\_\_\_

Date/Time Taken: \_\_\_\_\_

Specimen Type:  Urine  Blood  Other \_\_\_\_\_

**Subject Consent to Official Request for Sample Collection (blood samples only):**

I, \_\_\_\_\_, give consent for the collection of blood samples, as indicated by my

signature: \_\_\_\_\_ Date: \_\_\_\_\_

Drugs Suspected (If Any): \_\_\_\_\_

Notes or comments: \_\_\_\_\_