

Toxicology Analysis Request Form

Evidence Receiving Phone: (801) 965-2451
Evidence Receiving Fax: (801) 965-2450
Email: forensictox@utah.gov
www.health.utah.gov/lab/toxicology

NEW Mailing Address:
Bureau of Forensic Toxicology
PO Box 144300
Salt Lake City, UT 84114-4300

Physical Address:
4431 South 2700 West
Taylorsville, UT 84114-4300

For BFT use only.

Enter information electronically and print a copy to submit with the samples.
Submit ONE form per subject.

SUBJECT INFORMATION

Last Name

First Name

Middle Name

Gender: Male Female

Date of Birth

ID#

ID type

State

Subject Type:

AGENCY INFORMATION

Agency Name

Requesting Officer

Agency case#

County

OFFENSE INFORMATION

Offense Date Time (24:00)

Incident Information (check all that apply)

DUI DUI metabolite Accident

Vehicular homicide Fatal Accident

Other:

List any drugs suspected or administered for medical treatment prior to blood draw:

SAMPLE INFORMATION

Sample Type	Number of Samples	Collection Date	Collection Time (24:00)
<input type="checkbox"/> Blood	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input style="width: 80px; height: 25px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>
<input type="checkbox"/> Urine	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input style="width: 80px; height: 25px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>

Samples collected by:

SAMPLE SUBMISSION CHECKLIST

To ensure your samples are processed without delays, please verify that:

- The blood and urine samples are each labelled with the subject name, your agency case #, and the subject ID# or date of birth.
- The tubes, containers, and packaging are each sealed, initialed, and dated.
- This form is included with the sample.

Samples that do not meet the submission requirements will be returned .

TEST(S) REQUESTED

- Alcohol
- Drugs of Abuse (THC, Cocaine, Morphine, Meth)
- Prescription Drug Panel *

* The current list of drugs included in the Prescription Drug Panel may be found in our Services Manual on our website.

CHAIN OF CUSTODY

Samples were delivered by mail/courier.

Samples were delivered by agency personnel. Name:

Date Time

LAW ENFORCEMENT AGENCY CHAIN OF CUSTODY REPORT for Toxicology Samples

Complete this chain of custody report and maintain for your records. Do NOT submit the chain of custody report to the laboratory.

SUBJECT INFORMATION

Agency case#

Last Name

First Name

From

To

Name

Date

Time

Name

Date

Time

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