

Toxicology Analysis Request Form

Evidence Receiving Phone: (801) 965-2451
Evidence Receiving Fax: (801) 968-1315
e-mail: forensictox@utah.gov
www.health.utah.gov/lab/toxicology

USPS Mailing Address:

Utah Forensic Toxicology Laboratory
PO Box 144300
Salt Lake City, UT 84114-4300

Physical Address:

4431 South 2700 West
Taylorsville, UT 84129

Enter information electronically and print a copy to submit with the samples.
Submit ONE form per subject. "Print to PDF" to save changes when mobile.
(Handwritten forms MUST be legible to be accepted*)

SUBJECT INFORMATION

Last Name

First Name

Middle Name

Gender:

Male

Female

Date of Birth

I.D. #

I.D. type

State

Subject Type:

Lab use only

AGENCY INFORMATION (please limit abbreviations)

Agency/Section Name

Requesting Officer

Agency case#

County

OFFENSE INFORMATION

Offense Date

Time (24:00)

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Incident (check all that apply)

DUI (alcohol &/or drug) Felony Accident Fatality

Drug facilitated sexual assault (include urine & blood if needed)

Other:

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List any drugs suspected, found and/or of interest. Add any additional info (e.g. DRE, ARIDE) you would like the lab to know:

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SAMPLE INFORMATION

Sample Type

Number of Samples

Collection Date

Collection Time (24:00)

Blood 0 1 2 3

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Urine 0 1 2 3

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Samples collected by:

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SAMPLE SUBMISSION CHECKLIST (please check boxes at left)

This list helps ensure your samples are processed without delays; please:

Did you: Label each container with subject's name (first & last) **AND** agency case #? *Lab use only: _____*

Did you: Seal ALL tubes/bottles, containers, and packaging; collector/officer initials and dates each seal? *Lab use only: _____*

Did you: Submit this completed (**legible, typed preferred**) form with the samples? *Lab use only: _____*

Samples that do not meet submission requirements may be returned*.

TESTING REQUESTED

Alcohol

Drugs of Abuse (THC, Cocaine, Heroin, Meth)

Prescription/OTC Drug Panel *

CHAIN OF CUSTODY

Samples delivered by mail/courier.

Samples delivered by agency personnel: Name:

	Date		Time	
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Lab Use Only

Samples received by: Initials:

	Date		2nd	
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LAW ENFORCEMENT AGENCY CHAIN OF CUSTODY for Forensic Toxicology Samples

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

SUBJECT INFORMATION

Agency case#

Last Name

First Name

From

To

Name

Date

Time

Name

Date

Time

Name

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