

	<b>State Police</b> <b>Crime Laboratory</b> <b>Toxicology Submission</b>	Agency:	TZS:
			Incident #

<b>*LAB USE ONLY – Bar Code Label*</b>	<b>*LAB USE ONLY - Method of Transmittal*</b>	
	In Person	
	Cert/Reg Mail	
	Fed Ex/UPS	
	Other	
Opened to remove submission form only & resealed		

**Investigating/Case Officer** (Case Agent/Person Managing Investigation)

Name (Last, First, MI) *BLOCK LETTERS*	Rank
Phone #:	Email:

**DRE Information** (Drug Recognition Expert Who Performed DRE Exam)

Evaluation:    Yes    No	Name/Rank of DRE (Last, First, MI):	
	Agency:	TZS:

**Incident Details**

Type of Investigation (check all that apply)	DWI	DWAI-Drugs	SPI Accident	Fatal Accident	Not Arrested	Other	Describe:					
Date (mm/dd/yyyy)	Time (am/pm)		C/T/V		County							
Subject's Name (Last, First, MI) *BLOCK LETTERS*						DOB (mm/dd/yyyy)	Gender					
Subject Status (check all that apply)						Alive	Deceased	Driver	Passenger	Pedestrian	Other	Describe:

**Specimen Information**

	Item # _____				Item # _____			
Type	Blood	Urine	Other	_____	Blood	Urine	Other	_____
Collection Date (mm/dd/yyyy)								
Collection Time (am/pm)								
Collected By (MD, RN, etc.)								
Authorized By (MD)								
*LAB USE ONLY*	Box	Pbag	CC	Other _____	Box	Pbag	CC	Other _____ N/A

**Examination Requested**

Alcohol Only	Drug Only	Drug & Alcohol	LAB Notes:
Additional Information/List Specific Drugs Suspected, if Known:			

**\*\*CUSTOMER AGREEMENT\*\***

By submission of this form and the evidence described above, the submitting agency acknowledges any analytical reports issued by the NYSP Crime Laboratory will be formatted in accordance with the Laboratory's standard procedures and contain all information necessary for the interpretation of test results.

Original – LAB	Copy – TROOP	Copy – STATION	Copy - MEMBER	Supervisor Initials/Date:
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