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|---|-----------------|---------------|
| Crime Laboratory Toxicology Submission (*Fully Complete All Non-Shaded Fields*) | Agency/Station: | TZS: |
| | Incident #: | LAB Initials: |

| | |
|--|---|
| *LAB USE ONLY – Bar Code Label* | Opened to remove submission form only & resealed **CUSTOMER AGREEMENT** By submission of this form and the evidence described, 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. |
|--|---|

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

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

Testing Conducted

| Test | Results or N/A |
|-------------------------|----------------|
| Preliminary Breath Test | |
| Evidential Breath Test | |
| Oral Fluid Screen | |
| DRE Evaluation | |

| | | |
|-------------------------------------|---------|------|
| 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 | Other: _____ | |
| Date (mm/dd/yyyy) | Time (am/pm) | C/TV | County | | | |
| Subject's Name (Last, First, MI) | | | | | DOB (mm/dd/yyyy) | Sex |
| Subject Status (check all that apply) | | | | | | |
| Alive | Deceased | Driver | Passenger | Pedestrian | Other | Describe: _____ |

Specimen Information

| | | |
|-----------------------------|---|---|
| Item # | Item # _____ | Item # _____ |
| Type | Blood Urine Oral Fluid Other _____ | Blood Urine Oral Fluid Other _____ |
| Collection Date/Time | Date: _____ Time: _____ | Date: _____ Time: _____ |
| Collected By (MD, RN, etc.) | | |
| Authorized By (MD) | | |

Examination Requested *Note: Alcohol testing is only available for blood (unless urine is collected in accordance with NYCRR Title 10, II, D, Part 59)*

| | | | |
|--------------|-----------|----------------|------------|
| Alcohol Only | Drug Only | Drug & Alcohol | LAB Notes: |
|--------------|-----------|----------------|------------|

Additional Information/List Specific Drugs Suspected, if Known:

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