

Washington State Toxicology Laboratory - Washington State Patrol

Driving Under the Influence/DRE – Request for Analysis

WSP Toxicology Lab
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 Seattle WA 98134-2027
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LABEL ALL EVIDENCE WITH SUBJECT NAME AND/OR AGENCY CASE NUMBER

Subject's Information (Please print clearly)

Name _____
Last First MI

Date of Birth _____ **Gender:** M F X

Laboratory Use Only
Laboratory # _____

Date _____

Date of Incident/Arrest _____

Agency Case # _____

Agency _____ **Phone** (____) _____

Attention _____

Address _____

_____ City _____ State _____ ZIP _____

E-Mail _____

Specimens Received
 Note all volumes are approximate

Traffic Information Accident? Y N Vehicular Assault/Homicide? Y N

Was medical treatment given prior to blood draw? Y

If yes, list any drugs: _____

A Blood - Peripheral
 _____ ml _____

B Blood - Peripheral
 _____ ml _____

C _____
 _____ ml _____

D _____
 _____ ml _____

Case History (Brief description of the incident and attach copy of the investigation report/DRE Face Sheet):

Was the **HGN** test administered? _____ If yes, **number** of clues?
 Y N 1-2 3-4 5-6

Other/Notes:

Drugs Suspected or Admitted (List symptoms, observations, drug history, prescriptions, etc.):

DRE Information

Was a complete DRE Evaluation performed? Y N

Evaluator Name: _____

DRE Opinion (check box)

- Narcotic Analgesics
- CNS Depressants
- CNS Stimulants
- Hallucinogens
- Dissociative Anesthetic
- Cannabis
- Inhalants
- Not impaired

Lot #: _____

Sealed Y N

Box sealed

Bag sealed

Tubes sealed

Samples leaked Y

Chain of Custody: PLEASE PRINT NAME (signature not required)

From _____ To _____ Date _____

From _____ To _____ Date _____

From _____ To _____ Date _____

1st Class UPS

Certified Fed Ex

Registered

Campus Mail

Hand Delivered

Received by: _____

Accessioned by _____

Logged in by _____