Washington State Toxicology Laboratory - Washington State Patrol

Driving Under the Influence/DRE – Request for Analysis

WSP Toxicology Lab
2203 Airport Way S Ste 360
Seattle WA 98134-2027
Phone: (206) 262-6100
Fax: (206) 262-6145
e-mail: toxlab@wsp.wa.gov

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** ☐

Date of Incident/Arrest _____

Agency Case # _____

Agency _____ **Phone** ( ) _____

Attention _____

Address _____

_____
City State ZIP

E-Mail _____

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

Was medical treatment given prior to blood draw? Y ☐

If yes, list any drugs:

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

Was the **HGN** test administered? Y ☐ N ☐

If yes, **number** of clues? 1-2 ☐ 3-4 ☐ 5-6 ☐

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

DRE Information

Was a complete DRE Evaluation performed? Y ☐ N ☐

Evaluator Name: _____

Please attach DRE Face Sheet.

If not available at time of submission, e-mail to toxlab@wsp.wa.gov

DRE Opinion (check box)

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

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

From _____ To _____ Date _____

From _____ To _____ Date _____

From _____ To _____ Date _____

Laboratory Use Only

Laboratory #

Date _____

Specimens Received

Note all volumes are approximate

A Blood - Peripheral _____ ml _____

B Blood - Peripheral _____ ml _____

C _____ ml _____

D _____ ml _____

Other/Notes:

Lot #:

Sealed Y ☐ **N** ☐

- ☐ Box sealed
- ☐ Bag sealed
- ☐ Tubes sealed

Samples leaked Y ☐

- ☐ 1st Class
- ☐ Certified
- ☐ Registered
- ☐ Campus Mail
- ☐ Hand Delivered
- ☐ UPS
- ☐ Fed Ex

Received by:

Accessioned by _____

Logged in by _____