VERMONTI FORENSIC LABORATORY

VERMONT FORENSIC LABORATORY

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LAB USE ONLY	VFL #:	
Received By:	Date: Time	:
	□ Evidence Locker	
•	submission form only and repackag Initials: Date:	ed

			L/DRUGS IN BLOOD	
Subject Name: (Last, First)	DOB:	☐ Male ☐ Female ☐ Non-bin	Case Number:	
Collection Date:	Collection Time	:	Collection Facility:	
Collected By: (print name)	Collector Signat	ure:	Witness Signature:	
Investigating Officer: (print name)		Agency:		
hone:		Email:		
ncident Location:				
'own:		County:		
DRE Exam Performed:	No Yes	Refusal		
DRE Name:		DRE Agency:		
Requested Tests:				
☐ Alcohol		□ Drugs		
Inhalants		☐ Other:_		
Blood s	amples will be tested for	the following analytes	s when "Drugs" is selected:	
Barbiturates	Fentany	yl	Opioids	
Benzodiazepines	Meprob	pamate	Phencyclidine	
Buprenorphine	Meth /	Amphetamines	Tramadol	
	Methad	lone	Tricyclic Antidepressants	
Cannabinoids	Methac			
• •	Opiates	3	Zolpidem	
Cannabinoids		3	Zolpidem	

By submission of this form and the associated evidence, the submitting agency acknowledges that the Vermont Forensic Laboratory retains the right to limit or expand the scope of analysis on all submissions and agrees to the receipt of a simplified report containing the information necessary for interpreting the results. Additional information about test methodologies and sampling plans, and disposition of evidence is maintained in the laboratory case record and available upon request. The Vermont Forensic Laboratory reserves the right to refuse evidence that is improperly packaged, inappropriate for examination and/or may cause an unacceptable hazard to laboratory staff.