VERMONT FORENSIC LABORATORY

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http://vfl.vermont.gov

LAB USE ONLY VFL #: _____

Received By: _____ Date: _____ Time: _____

□ Cert Mail #_____
□ Hand Carried □ Other

□ Opened to remove submission form only and repackaged
Initials: _____ Date: _____
□ Other:

REQUEST FOR ANALYSIS FOR ALCOHOL/DRUGS IN BLOOD

Subject Name:	DOB:	Case Number:
Collection Date:	Time of Collection:	Collection Facility:
Collected By: (please print name)	Signature:	Witness Signature:

Investigating Officer: _____
Agency: _____
Address: _____
Town: State: Zip: County:

Phone: E-Mail Address:

DRE Exam Performed: ☐ No ☐ Yes

DRE Name: Agency:

Requested Tests:

☐ **Alcohol** ☐ **Drugs**

☐ Cannabinoids ☐ Opiates ☐ Amphetamines ☐ Benzodiazepines ☐ Cocaine

☐ NMS Panel #8071B (DRE Tox) ☐ NMS panel #8075B (GC Add-on)

☐ NMS panel #8076B (Low dose Benzodiazepine Add-on) ☐ NMS panel #8079B (Low dose Opiate Add-on)

Other: _____

DRUG REQUESTS ONLY:

If there has been no DRE evaluation, an authorizing signature from the requesting law enforcement agency **MUST** be obtained before samples can be forwarded for drug testing.

I understand that the Vermont Forensic Laboratory does not provide the requested analysis and I am requesting that the VFL forward the blood sample drawn in connection with this case to another qualified forensic laboratory for analysis to be charged to my department.

The signature below authorizes the requested testing of the referenced blood sample and assures payment to the reference laboratory performing the tests.

Name	Signature
Position of authority for expenditure	

ARCHIVE