

***Collection Facility: Do NOT send this form along with the blood sample; this form should be given to the patient.**

VERMONT FORENSIC LABORATORY
PO BOX 47
WATERBURY, VERMONT 05676-0047
TEL: 802-244-8788
FAX: 802-241-5557
<http://vfl.vermont.gov>



LAB USE ONLY
VFL#

REQUEST FOR INDEPENDENT ANALYSIS OF BLOOD FOR ALCOHOL/DRUG CONTENT

Please read all instructions and complete both sides of the form.

1. This is a request that your blood sample be sent for independent laboratory analysis for alcohol/drug content.
2. Please enclose a check in the amount of **\$15 (fifteen dollars)** payable to the ***Vermont Department of Public Safety*** to cover the cost of shipping and handling of the sample. Your blood sample will not be sent for independent laboratory analysis without this fee. (By signing below you understand that this amount does not cover the cost of analysis by the independent laboratory as designated on the reverse side of the form).
3. **You must choose a laboratory from page 2**, and contact the laboratory of your choice for information about their services and fees for your independent sample.
4. For your convenience, a separate payment made payable to the laboratory of your choice can also be sent to the Vermont Forensic Laboratory to be forwarded with your sample. If also sending payment to the independent laboratory, **two separate payments** must be enclosed with your request. **One payment must be made payable to the Vermont Department of Public Safety for \$15.00** and the other payable to the independent laboratory that you have chosen to use for this service.
5. The Vermont Forensic Laboratory retains all blood alcohol/drug samples in secure storage for at least 45 days following receipt. After that time they will be destroyed as allowed in Vermont Statute Title 23 § 1203c. Requests must be received within this time to ensure sample availability for independent analysis.
6. **If this request for analysis is submitted through an attorney, the attorney's signature must be included.** The attorney's signature certifies he/she is representing the individual.

Please Print All Information:

Individual's Name (print)

Date Sample Drawn

Facility Where Sample Drawn

Mailing Address

Attorney's Name (if applicable)

Town, State, Zip Code

Attorney's Mailing Address

Daytime Telephone Number

Town, State, Zip Code

Individual's signature and date

Attorney's signature and date

The results of the independent laboratory analysis should be sent to:

Your address as shown above

Your Attorney's address as shown above

You must check one box indicating your chosen Independent Laboratory.

Below are two area laboratories that perform **Independent Blood Alcohol Analysis**. You may choose another laboratory that offers this service.

Alcohol Analysis Laboratory, Inc.
6 Birchdale Road (Bow, NH)
P.O. Box 3386
Concord, NH 03302-3386
Phone: (603) 715-2282 Fax: (603) 715- 2283

CG Laboratories, Inc.
237 Fourth Range Road
P.O. Box 231
Pembroke, NH 03275
Phone: (603) 485-4154 Fax: (603) 485- 4155
www.cglabs.com

Below are two laboratories that offer **Independent Blood Drug Analysis**. You may choose another laboratory that offers this service.

NMS Labs
3701 Welsh Road
Willow Grove, PA 19090
Phone: (215) 657-4900 Fax: (215) 366-1501
Toll Free: 800-522-6671
www.nmslabs.com

AIT Laboratories
2265 Executive Drive
Indianapolis, IN 46241
Phone: (317) 243-3894 Fax: (317) 243-2789
Toll Free: 800-875-3894
www.aitlabs.com

Other - Alcohol and/or Drug Analysis
Please contact the independent laboratory first to assure that they offer this service.
The Vermont Forensic Laboratory is NOT a valid option

_____ Type of analysis: Alcohol Drug
Independent Laboratory Name

_____ Address _____ City _____ State _____ Zip

MAIL THIS COMPLETED FORM AND YOUR CHECK(S) TO:

Vermont Forensic Laboratory
PO Box 47
Waterbury, VT 05676-0047
ATTN: Alcohol Program

If you have any questions or comments about this process you may call (802) 244-8788.