



VERMONT FORENSIC LABORATORY

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<http://vfl.vermont.gov>

LAB USE ONLY
VFL#

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 # 8074B (Hallucinogen Add-on) NMS panel # 8076B (Low dose Benzodiazepine Add-on)
- NMS Panel # 8077B (Inhalants Add-on) NMS panel # 8079B (Low dose Opiate Add)

Other: _____

DRUG REQUESTS ONLY: An authorizing signature from the requesting law enforcement agency MUST be obtained before samples can be forwarded for drug testing at a reference laboratory if there has been no DRE evaluation.

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