



ALABAMA
DEPARTMENT OF FORENSIC SCIENCES

TOXICOLOGICAL ANALYSIS REQUEST

Hoover/Birmingham Regional Laboratory
2026 Valleydale Road, Hoover, AL 35244
Tel (205)-982-9292 Fax (205) 403-2025
<http://www.adfs.alabama.gov/>

This kit and form are intended for ONE subject or suspect. Label specimens with water-proof ink. Do NOT use gel pens; writing will smear.

ADFS

Case No: _____

ADFS use only

NAME: _____ Subject Suspect Living Deceased

Race: _____ Sex: _____ DOB or Age: _____ County: _____

Date/time of incident: _____ Date/time of death: _____

If living, type of case or charge: _____

If deceased, suspected cause of death: _____

List current prescriptions: _____

List medications or treatment given *after* the incident: _____

Is there a history of substance abuse? No Yes Substance(s): _____

Was there exposure to fire, engine exhaust or smoke? No Yes: Building Vehicle Other: _____

Describe the incident. (Continued on the back)

IF TRAFFIC-RELATED, ALSO COMPLETE THE FOLLOWING: Number of vehicles involved: _____

Subject/suspect type: Driver Passenger Pedestrian Bicyclist Other: _____

Vehicle type: Passenger car/truck/SUV Tractor trailer Motorcycle Bicycle Other: _____

SFST clues of impairment (check all that apply) HGN One-leg Stand Walk-and-Turn

DRE (Check all that apply; submit DRE report if possible) Depressant Stimulant Hallucinogen Dissociative Anesthetic

Narcotic Analgesic Inhalant Cannabis

SPECIMEN(S) SUBMITTED: Blood (preferred) Urine Other: _____

EXAMINATION(S) REQUESTED: _____

COLLECTED BY: _____

(Title/Name)

(Date/Time)

SUBMITTED BY: _____

(Title/Name)

(Signature of Submitter)

(Date)

(Agency)

(Address)

(City, State, Zip)

(Telephone)

(Agency Case No.)

(Agency Property No.)

INVESTIGATOR: _____

(If different)

(Title/Name)

(Agency)

Label each specimen with the subject's and the collector's names. Complete and apply one seal to each specimen. Place specimens in the protective holder and insert the holder into the plastic bag. Place the bag in the kit, seal the kit and initial the seal. Complete this form, re-fold and insert back into the plastic pouch affixed to the outside of the kit. Return the sealed kit with this completed form to the laboratory as soon as possible.

NOTICE: Evidence is processed in accordance with ADFS standard procedures. By submitting evidence, the submitter agrees that deviation from test or calibration methods may occur when determined by ADFS to be technically justified and that evidence may be processed at any ADFS facility or by a competent ADFS subcontractor.