

FFI Use Only

Blood Alcohol Analysis Request

Case Contact Person:

Investigator/Name: _____

Agency: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone: _____ Fax: _____ Email: _____

Agency Case Number: _____ **Offense Date:** _____ **Time:** _____

Offense: _____ **County of Offense:** _____

Specimen Taken From

Suspect	Victim	Name(Last, First, Middle)	Race	Sex	DOB
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> Living or <input type="checkbox"/> Deceased <input type="checkbox"/> Driver or <input type="checkbox"/> Non-Driver <input type="checkbox"/> Driver Under 21 <input type="checkbox"/> Driver Commercial Vehicle					
Comments: _____ Collection Date: _____ Time: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Printed Name of Collector Title </div>					

Additional Information (optional)

<input type="checkbox"/> Intoxilyzer <input type="checkbox"/> PBT	Breath Test Results: _____ g/210L	<input type="checkbox"/> DRE (Drug Recognition Expert) Exam Administered
Investigator: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Printed Name Title </div>		
Additional Notes for Laboratory:		

