

Toxicology Analysis Request Form

Evidence Receiving Phone: (801) 965-2451
Evidence Receiving Fax: (801) 968-1315
e-mail: forensictox@utah.gov
<https://uphl.utah.gov/forensic-toxicology/>

USPS Mailing Address:

Utah Forensic Toxicology Laboratory
PO Box 144300
Salt Lake City, UT 84114-4300

Physical Address:

4431 South 2700 West
Taylorsville, UT 84129

Enter information electronically and print a copy to submit with the samples.
Submit ONE form per subject. "Print to PDF" to save changes when mobile.
(Handwritten forms MUST be legible to be accepted*)

SUBJECT INFORMATION

Last Name

First Name

Middle Name

Gender:

Male

Female

Date of Birth

I.D. #

I.D. type

State

Subject Type:

SAMPLE INFORMATION

Sample Type Number of Samples

Collection
Date

Collection
Time (24:00)

Blood 0 1 2 3

Urine 0 1 2 3

Samples collected by:

SAMPLE SUBMISSION CHECKLIST (please check boxes at left)

This list helps ensure your samples are processed without delays; please:

Did you: Label each container with subject's name (first & last) **AND** agency case #? *Lab use only: _____*

Did you: Seal ALL tubes/bottles, containers, and packaging; collector/officer initials and dates each seal? *Lab use only: _____*

Did you: Submit this completed (**legible, typed preferred**) form with the samples? *Lab use only: _____*

Samples that do not meet submission requirements may be returned*.

CHAIN OF CUSTODY Samples delivered by mail/courier.

Samples delivered by agency personnel: Name: _____

Date _____

Time _____

Lab Use Only

Samples received by: Initials: _____

Date _____

2nd _____

CUSTOMER AGREEMENT By submission of this Toxicology Analysis Request Form and the accompanying evidence, the submitting agency acknowledges that the laboratory report(s) will be formatted in accordance with the laboratory's policies and procedures in a "Simplified Report" and additional information per accreditation requirements will be available upon request. Further detailed information regarding the "Simplified Report" is outlined in the Utah Forensic Toxicology Client Services manual which can be accessed at our website, <https://uphl.utah.gov/forensic-toxicology/>.

Fm-016j

01/2020

* Sample submission guidelines & current testing scope (w/ reporting limits) may be found at <https://uphl.utah.gov/forensic-toxicology/>

Lab use only

AGENCY INFORMATION (please limit abbreviations)

Agency/Section Name

Requesting Officer

Agency case#

County

OFFENSE INFORMATION

Offense Date

Time (24:00)

Incident (check all that apply)

DUI (alcohol &/or drug) DUI (Metabolite) Felony

Accident Fatality Possession Vehicle Homicide

Drug facilitated sexual assault (include urine & blood if possible)

Other: _____

List any drugs suspected, found and/or of interest. Add any additional info (e.g. DRE, ARIDE) you would like the lab to know:

TESTING REQUESTED

Alcohol

Drugs (abused, prescription, OTC, others)*