VERMONT FORENSIC LABORATORY



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LAB USE ONLY	VFL #:

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□ Cert Mail # □ Hand Carried Evidence Locker

 \Box Other _

□ Opened to remove submission form only and repackaged Initials: Date:

REQUEST FOR ANALYSIS FOR ALCOHOL/DRUGS IN BLOOD

Subject Name: (Last, First)	DOB:	☐ Male ☐ Female ☐ Non-binar	Case Number:		
Collection Date:	Collection Time:		Collection Facility:		
Collected By: (print name)	Collector Signature:		Witness Signature:		
Investigating Officer: (print name)		Agency:			
Phone:			Email:		
Incident Location:					
Town:		County:			
DRE Exam Performed: No Yes Refusal					
DRE Name:		DRE Agency:			
Requested Tests:					
□ Alcohol		Drugs			
Inhalants		Other:			
Blood samples will be tested for the following analytes when "Drugs" is selected:					

Barbiturates Benzodiazepines Buprenorphine Cannabinoids Cocaine / Metabolite Dextromethorphan

Fentanyl Meprobamate Meth / Amphetamines Methadone Opiates

Opioids Phencyclidine Tramadol Tricyclic Antidepressants Zolpidem

If a substance other than those detailed above is suspected, please list in "Other" (ex. Bath Salts, Gabapentin, etc.)

By submission of this form and the associated evidence, the submitting agency acknowledges that the Vermont Forensic Laboratory retains the right to limit or expand the scope of analysis on all submissions and agrees to the receipt of a simplified report containing the information necessary for interpreting the results. Additional information about test methodologies and sampling plans, and disposition of evidence is maintained in the laboratory case record and available upon request. The Vermont Forensic Laboratory reserves the right to refuse evidence that is improperly packaged, inappropriate for examination and/or may cause an unacceptable hazard to laboratory staff.