

**CRIME LABORATORY  
SUBMISSION**



**AGENCY INFORMATION**

AGENCY NAME	
OFFICER/SUBMITTER NAME	AGENCY CASE #

**SUBJECT INFORMATION**

NAME	AGE	SEX
------	-----	-----

**SUBMISSION INFORMATION**

COLLECTED BY	DATE	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
DESCRIPTION OF SUBMISSION		

**PROPERTY CHAIN**

SIGNATURE(S)	UNIT #	TIME	DATE	METHOD OF TRANSPORT
X				
X				
X				
X				
X				
X				

**LABORATORY EXAMINATION REQUEST**

**OVI ENFORCEMENT  
BLOOD/URINE ANALYSIS**

**FOR ALCOHOL AND DRUGS**  
(LIST DRUGS SUSPECTED IN REMARKS)

**FOR DRUGS ONLY**  
(LIST DRUGS SUSPECTED IN REMARKS)

**FOR ALCOHOL ONLY**

**SF CAPSULE ADDED (URINE)**

**DRE**

DRE CERT # \_\_\_\_\_

SUSPECTED DRUGS \_\_\_\_\_

**BEVERAGE ANALYSIS (ETHANOL)**

Suspected source:  Beer  Wine  
 Mixed drink  Liquor

**DRUGS**  
(CONTROLLED SUBSTANCES)

**OTHER** \_\_\_\_\_

**REMARKS**

**DO NOT WRITE IN  
THIS SPACE**