



Guy M. Vallaro, Ph.D.
Director

FOR LABORATORY USE ONLY
Case Bar Code Label

STATE OF CONNECTICUT

DEPARTMENT OF
EMERGENCY SERVICES and PUBLIC PROTECTION
DIVISION of SCIENTIFIC SERVICES



REQUEST FOR EXAMINATION OF SPECIMENS FOR ALCOHOL/DRUGS (FILL IN ELECTRONICALLY OR PRINT LEGIBLY)

PLACE COMPLETED FORM(S) IN THE MAILING SLEEVE. ATTACH SLEEVE TO OUTSIDE OF EVIDENCE BOX
PLEASE FOLD THE FORM SO THE SUBJECT INFORMATION IS NOT VISIBLE

*****See Collection & Submission Procedure on Back of Form*****

Agency/Department: _____ Town of Incident: _____

Agency Case #: _____ Source of Specimen (Circle One): Driver / Passenger / Other _____

Incident Type (Circle All That Apply): DUI / MVA / FATAL (Place deceased name(s) on the Request for Analysis (RFA) form)

Name of Subject: _____ Sex (Circle One): M / F / Other _____ Date of Birth: _____
(First Last)

Address of Subject: _____
(Street City State Zip Code)

Breathalyzer Collection Information:

Breathalyzer Number (e.g., ARBD): _____ (Staple copies of strip(s) to this form)

Result 1 (if taken): _____ Date/Time (use military time format): _____

Result 2 (if taken): _____ Date/Time (use military time format): _____

List any issues: _____

**Note: If collecting a urine sample following a breath alcohol test, collect only one (1) urine sample.
If collecting only urine, collect two (2) samples at least twenty (20) minutes apart.**

Biological Sample Collection Information:

Specimen #1

Collected By: _____

Sealed By: _____

Date/Time (use military time format): _____

Specimen Type (circle one): Urine / Blood / Other

Specimen #2

Collected By: _____

Sealed By: _____

Date/Time (use military time format): _____

Specimen Type (circle one): Urine / Blood / Other

Suspected Drugs (if any): _____

Important: Ensure lids to containers (especially urine cups) are secure/tight to avoid leakage. Place in bags.

Note: Fill out & submit to court an appropriate JD-CR form for the evidence destruction upon adjudication.

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