

Blood Alcohol Conversion Request

Fax to: 203-639-6484 or Email to: CT.ForensicLab@ct.gov

Attach:

- **Request for Analysis Form SOP-ER-02:1 Rev 5 (03/09/2022)**
Type of examination is "Blood Alcohol Conversion"
(In LEAS, or PDF from <http://ct.gov/despp> click "Scientific Services")
- **Hospital's blood/urine result, medical record for subject**
Provide the ETOH / Ethanol record page only
Ensure the hospital name & address is on it and the subject's full name

Trooper / Officer: _____

Troop / PD: _____

Agency Contact Number: _____

Agency Fax Number: _____

Subject's Name: _____

Agency Case Number: _____

Hospital Name: _____

Hospital Full Address: _____

For questions contact Case Management at: **203-427-4098 or 203-639-6494**

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