



Tennessee Bureau of Investigation
Forensic Services – Crime Laboratory



Knoxville
1791 Neals Commerce Lane
Knoxville, TN 37914
865-549-7800

Nashville
901 R. S. Gass Boulevard
Nashville, TN 37216
615-744-4000

Memphis
6325 Haley Road
Memphis, TN 38134
901-379-3400

ALCOHOL/TOXICOLOGY REQUEST

Requesting Individual: _____		Agency Case Number: _____	
Badge Number: _____		County of Offense/Death: _____	
Requesting Agency: _____		ORI Number: _____	
Address: _____		Date of Offense: _____	
City: _____		Type of Offense: DUI <input type="checkbox"/> MVA <input type="checkbox"/>	
Phone Number: _____		Homicide <input type="checkbox"/> Vehicular Homicide <input type="checkbox"/>	
Email Address: _____		Other <input type="checkbox"/> (specify) _____	
Subject		Sex _____	Date of Birth ____/____/____ Month Day Year
Last First Middle		Race _____	
Drivers License Number	Driver <input type="checkbox"/> Passenger <input type="checkbox"/>	Living <input type="checkbox"/> Deceased <input type="checkbox"/>	Specimen of: Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> _____
Collected: Date: ____/____/____ Time: ____ am <input type="checkbox"/> pm <input type="checkbox"/> By: _____			
Breath Alcohol Results: (If DUI of lesser offense, no drug testing will be performed when breath or blood level is equal to or greater than 0.08 gm%.) Analysis Requested: Alcohol <input type="checkbox"/> Drug Screen <input type="checkbox"/> <input type="checkbox"/> Other (specify) _____		Comments: (known diseases, drugs suspected, etc.)	
Nature of Death: Accidental <input type="checkbox"/> Natural <input type="checkbox"/> Suicide (overdose) <input type="checkbox"/> Homicide <input type="checkbox"/> Unknown <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Suicide (other) <input type="checkbox"/> Specify _____			
Has other evidence been submitted to the laboratory on this case? Yes <input type="checkbox"/> No <input type="checkbox"/> Laboratory Number: _____			
I certify this evidence is associated with a criminal or death investigation. Signature: _____ Requesting Individual			
For TBI Laboratory Use Only			
Specimen Received: Date: ____/____/____ Time: ____ a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Month Day Year		Laboratory No. _____	
Packaging: _____		Blood (Ex.#) _____	
Via: _____ Initials: _____		Urine (Ex.#) _____	
		Other (Ex.#) _____	

Recommended Blood Specimen Collection Instructions

When a blood specimen is to be drawn for analysis where the results may be used as legal evidence, the following procedure should be followed in order to preserve the validity of the specimen and for the protection of all individuals involved. If the subject consents, the officer may take the subject to a medical facility and submit a written request for blood withdrawal. The person withdrawing blood is protected by statute (TCA 55-10-406) from civil or criminal liability as a result of withdrawing the specimen. One must remember that the subject has been offered the right to refuse and has not done so.

Step 1 Remove all components from blood alcohol kit box.

Step 2 Clean the venipuncture-site with a **non-alcoholic skin prep**. Remember, some antiseptic skin preps contain alcohol as a solvent.

Step 3 Following normal hospital/clinic procedure, withdraw two (2) blood specimens from subject, allowing tubes to fill to maximum volume.

NOTE: Immediately after blood collection, assure proper mixing of anticoagulant powder by slowly and completely inverting blood tubes at least five times. Do not shake vigorously!

Step 4 Print subject's name on blood tubes.

Step 5 Fill out all information on **ALCOHOL/TOXICOLOGY REQUEST** form, and place completed form in kit box.

NOTE: Person withdrawing blood must sign form.

Step 6 Place blood tubes inside the bubble bag, squeeze out excess air, and close bag.

NOTE: Do not remove liquid absorbing packet.

Step 7 Place bubble bag inside the ziplock bag, then squeeze out excess air and close bag.

Step 8 Affix "Biohazard" label to outside of kit box.

Step 9 Return ziplock bag containing blood tubes to the kit box. Seal the kit box by moistening tabs on each end of kit box top.

The officer will assume the responsibility for mailing or hand-delivering sealed kit to the laboratory for analysis.

NOTE: For a complete toxicology drug screen, submit two tubes of blood (20 milliliters) and all available urine.

OTHER INFORMATION (Medications, Drugs of Abuse, Known Diseases, etc.)
