



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

Jackson
350 Smith Lane
Jackson, TN 38301
731-426-8717

ALCOHOL/TOXICOLOGY REQUEST

Requesting Individual: _____ Badge Number: _____ Requesting Agency: _____ Address: _____ City: _____ Phone Number: _____ Email Address: _____		Agency Case Number: _____ County of Offense/Death: _____ ORI Number: _____ Date of Offense: _____ Type of Offense: DUI <input type="checkbox"/> MVA <input type="checkbox"/> Homicide <input type="checkbox"/> Vehicular Homicide <input type="checkbox"/> Other <input type="checkbox"/> (specify) _____	
Subject Last _____ First _____ Middle _____		Sex _____ Race _____	Date of Birth ____/____/____ Month Day Year
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 _____
Collected: Date: ____/____/____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm 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 _____ Month Day Year		a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	
Packaging: _____		Laboratory No. _____ _____ Blood (Ex.#) _____ _____ Urine (Ex.#) _____ _____ Other (Ex.#) _____	
Via: _____			
Initials: _____			