

# Washington State Toxicology Laboratory - Washington State Patrol

## Driving Under the Influence/DRE – Request for Analysis

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 Seattle WA 98134-2027  
 Phone: (206) 262-6100  
 Fax: (206) 262-6145  
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**Subject's Information:** (Please print clearly)

**Name:** \_\_\_\_\_  
Last First MI

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Sex:** M  F  **DUI**  **DRE**  **DRE Evaluator:** \_\_\_\_\_

**Laboratory Use Only**  
**Laboratory #** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date Sent:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Date of Incident / Arrest:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Agency Case #** \_\_\_\_\_ **County** \_\_\_\_\_

**Sent By:** Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Send Results To:	Return Evidence To (if different):
Agency: _____	_____
Address: _____	_____
City St Zip: _____	_____

**Analyst:** \_\_\_\_\_

**Specimens Received:**  
 Note all volumes are approximate

**Traffic Information:** Accident? Y  N  Vehicular Homicide? Y  N   
 Driver  Passenger  Pedestrian  Vehicular Assault? Y  N   
 Number of vehicles? 1  2  3 or more   
 Was medical treatment given prior to blood draw? Y  If yes, list any drugs: \_\_\_\_\_

**A** \_\_\_\_\_ ml \_\_\_\_\_

**B** \_\_\_\_\_ ml \_\_\_\_\_

**C** \_\_\_\_\_ ml \_\_\_\_\_

**D** \_\_\_\_\_ ml \_\_\_\_\_

**E** \_\_\_\_\_ ml \_\_\_\_\_

**Case History:** brief description of the incident and attach copy of the investigation report/DRE Face Sheet:

No DRE Available  
 Subj. refused DRE  
 Subject injured  
 DRE not requested

**Other/Notes:**

**Drugs suspected or admitted:** list symptoms, observations, drug history, prescriptions, etc.

Sample Information:	Analysis Requested:	DRE Opinion: (check box)												
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Specimen</th> <th style="text-align: left;">Collected</th> <th style="text-align: left;">Sent</th> </tr> <tr> <td>Blood</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Urine</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Other</td> <td>_____</td> <td>_____</td> </tr> </table>	Specimen	Collected	Sent	Blood	_____	_____	Urine	_____	_____	Other	_____	_____	Blood Alcohol: <input type="checkbox"/> Drug Screen: Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other: (Specify) _____	<input type="checkbox"/> CNS Depressants <input type="checkbox"/> CNS Stimulants <input type="checkbox"/> Hallucinogens <input type="checkbox"/> Dissociative Anesthetic <input type="checkbox"/> Narcotic Analgesics <input type="checkbox"/> Inhalants <input type="checkbox"/> Cannabis
Specimen	Collected	Sent												
Blood	_____	_____												
Urine	_____	_____												
Other	_____	_____												

**Sealed Y  N**

Box sealed

Bag sealed

Tubes sealed

**Chain of Custody:** (signature required) Please print name

From: _____	To: _____	Date: _____
From: _____	To: _____	Date: _____
From: _____	To: _____	Date: _____

**Samples leaked Y**

1st Class  UPS  
 Certified  Fed Ex  
 Registered  
 Campus Mail

**Comments:**

Hand Delivered