

CUI (WHEN FILLED IN)

FORENSIC TOXICOLOGY INVESTIGATION					
AUTHORITY:	Title 10 USC, Section 1471				
PRINCIPLE PURPOSE:	To obtain information/specimens needed to evaluate and document forensic toxicological testing.				
ROUTINE USES:	Information will be used to document forensic toxicological testing.				
DISCLOSURE:	Missing information may prevent timely processing of this request.				
NAME OF PATIENT		DoD ID or SSN	INCIDENT DATE	DOB	SEX
LIST OF CURRENT MEDICATIONS FOR PATIENT					

TYPE OF INCIDENT			SAMPLES SUBMITTED TO LABORATORY				
Damage	DWI	Sexual assault					
Other			Source and tube type (write the # of vials)				
Type:	Who:	Why:		Gray	Red	Purple	Other
Aircraft	Operator	Fit for duty	Blood				
Car/Truck	Crew	Incident	Serum/Plasma				
Water craft	Subject	Suspicion	Urine				mL
Other	Victim	Other					

NAME OF REQUESTER/TITLE		SUMMARY OF INCIDENT	
SIGNATURE OF REQUESTER			
SUBMITTING LAB MAILING ADDRESS			
SUBMITTING LAB CONTACT NUMBER		SPECIAL TEST REQUEST	
SUBMITTING LAB EMAIL FOR REPORT			

CHAIN OF CUSTODY					
Released by		Received by		Date & Time	Purpose of transfer
SIGNATURE		SIGNATURE			
PRINTED NAME		PRINTED NAME			
SIGNATURE		SIGNATURE			
PRINTED NAME		PRINTED NAME			
SIGNATURE		SIGNATURE			
PRINTED NAME		PRINTED NAME			
SIGNATURE		SIGNATURE			
PRINTED NAME		PRINTED NAME			

CUI (WHEN FILLED IN)

NAME OF PATIENT		ASSIGNED CASE NUMBER	
CHAIN OF CUSTODY			
<i>Released by</i>	<i>Received by</i>	<i>Date & Time</i>	<i>Purpose of transfer</i>
SIGNATURE	SIGNATURE		
PRINTED NAME	PRINTED NAME		
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