|  |  |  |
| --- | --- | --- |
| Submission Method  In Person  Drop Box  Mail/Certified | | |
| Other |  | |
|  |  | |
| ***DPS Laboratory Use Only***  DPS Laboratory Case # | | |
| **Complete the following for in person submissions only:** | | |
|  | |  |
| Printed Name (of submitting individual) | | Agency |
|  | |  |
| Signature | | Date |

New Service Request

Additional Evidence Resubmission Corrected Copy

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DPS Lab Case # (if known)** | |  | | |
|  | |  | | |
| ***Submission Information*** | |  | | |
| **Agency** |  | | |
| **Agency Case #** |  | | |
| **Offense** | **Felony** | | |
| **Offense Date** | **Offense Time** | | |
| **Offense County** |  | | |
| ***Agency Contact Information*** | | |
| **Title / Badge #** |  | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name** |  | | | | | | |
| **Agency Address** |  | | City, State, Zip | |  | | |
|  | **Mark if new address** | |  | |  | | |
| **Business Email** |  | | **Phone** |  | | **Fax** |  |
| **Contact Info for Additional Report Distribution:** | |  | | | | | | |

*Service Requested*

|  |  |  |
| --- | --- | --- |
| ONLY Alcohol/Volatiles Analysis  (Submit to Service Area Laboratory) | ONLY Drug Analysis  (Submit to Austin Regional Laboratory) | BOTH Alcohol/Volatiles and Drug Analysis  (Submit to Service Area Laboratory) |

*Individual (S = Suspect, V = Victim) / Specimen Information*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name (Last, First, Middle, Suffix) | | | S / V | | | Race | Sex | | DOB | State | Driver License # | | ID Card # | |
|  | | |  | | |  |  | |  |  |  | |  | |
| **Select all that apply:**  **Driver**  **Non-Driver** | **Living**  **Deceased** | | | **Fatality Incident (Other than Suspect)**  **Driving Commercial Vehicle** | | | | | | | | **Child Passenger(s)**  **Driver Under 21** | | | |
| **Specimen Type:**  **Blood**  **Urine** | **Specimen Collection:** | | | | | | | | | | | | | | |
| **Date** |  | | | **Facility** | | |  | | | | | |  | |
| **Time** |  | | | **Collector** | | |  | | | | | |  | |
|  | | | | | | | | | | | | | | |

*Additional Case Information*

|  |  |  |  |
| --- | --- | --- | --- |
| Intoxilyzer Results: |  |  | List Suspected Drug(s): |
| PBT Results: |  |
| Intoxilyzer Refused |  |
| DRE (Drug Recognition Expert) Exam Administered | | |
| Case Synopsis: *(attach or include any other relevant case information)* | | | |