|  |
| --- |
| 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)*      |