SPECIMEN ROUTING REPORT

INSTRUCTIONS TO ARRESTING OFFICER:

If your case involves a blood or urine specimen, complete this form. Send in one copy with the DIC-23 and DIC-24. Send the second copy with the specimen to the lab. Do not serve the subject with a Notice of Suspension if a blood or urine specimen was taken. DIC will serve Notice of Suspension upon receipt of test results.

INSTRUCTIONS TO RECEIVING LAB:

It is necessary to provide a copy of the results of the analysis of this specimen, certified to by affidavit, to DPS, Driver Improvement and Control, PO Box 4040, Austin, TX 78765-4040.

Defendant's Name:						
	(Last)		(First)	(Mi	ddle)	
DL # or ID #:			State:			
City and County of A	Arrest:					
	(City)	')		(County)	(County)	
Arresting Officer	(Name and Agency)					
	(Name and A	(gency)		Badge #		
Type of Specimen Received (check one):			Blood	Urine (if urine, (go to #4)	
(1) Name and Occu	pation of perso	n who withdre	w blood:			
Circle one:	1. Physician		•	Registered Professional Nurse		
	 Licensed Vo Chemist 	ocational Nurs	e 4. Qualif	ied Technician		
(2) Date and Time Blood Withdrawn: AM/PM						
		(Date	e)	(Time)		
(3) Hospital or Place	e Blood Withdra	awn:				
(4) Prior to submission to the lab, the specimen was stored in: 1) \Box Evidence Lockbox						
) 🗌 Other		
		3	 Not applicable - submission to I 			
(5) Name of Person	Submitting Sp	ecimen to Lab	:			
(6) Blood Specimen	Submitted to:	(Name of Lat)			
		(Address of L	.ab)			
					, Texas	
		(City)				
(7) Date Submitted	to Lab:	b	y mail	or in person _		