

Bexar County MEO Toxicology Laboratory - Analysis Request Form

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NAME OF DECEDENT/SUSPECT <i>(Last, First, MI)</i>	SOCIAL SECURITY #	DATE OF BIRTH	SEX

DATE OF INCIDENT/ ARREST	TIME OF INCIDENT/ ARREST	SUBMITTING AGENCY	AGENCY CASE NUMBER

SPECIMEN(S) SUBMITTED <i>(check all that apply)</i>
<input type="checkbox"/> BLOOD
<input type="checkbox"/> URINE
<input type="checkbox"/> OTHER

ADDITIONAL COMMENTS/OBSERVATIONS

TYPE OF CASE / TEST TO BE PERFORMED
<input type="checkbox"/> No Refusal/Mandatory Draw – Alcohol Only
<input type="checkbox"/> Intoxication Assault/Intoxication Manslaughter – All drugs including alcohol
<input type="checkbox"/> Other - <i>Please specify which drugs to test for:</i>

PRINTED NAME OF REQUESTER/ TITLE	SIGNATURE	DATE	PHONE # / FAX #

CHAIN OF CUSTODY (CC)

Each individual charged with custody of specimens must complete information below (continue CC on reverse as required)

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		
SIGNATURE	SIGNATURE		
PRINTED NAME	PRINTED NAME		