

Bexar County MEO Toxicology Laboratory - Analysis Request Form

TO: ATTN: TOXICOLOGY LABORATORY BEXAR COUNTY MEDICAL EXAMINER'S OFFICE 7337 LOUIS PASTEUR SAN ANTONIO, TX 78229-4565	<u>FORWARD FINAL REPORT TO:</u> (note different billing address)
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NAME OF DECEDENT/SUSPECT <i>(Last, First, MI)</i>	SOCIAL SECURITY #	DATE OF BIRTH	SEX

TIME AND DATE OF INCIDENT/ ARREST	TIME AND DATE OF DEATH <i>(if applicable)</i>	SUBMITTING AGENCY CASE #

MEDICATION HISTORY <i>(Prescribed or administered, in patient's possession, containers found near body, etc.)</i>

SPECIMEN/ AMOUNT	SPECIMEN/ AMOUNT	SPECIMEN/ AMOUNT
1.	4.	7.
2.	5.	8.
3.	6.	9.

TESTS REQUESTED / HISTORY <i>(Pertinent information regarding autopsy, investigation, or arrest, e.g., What happened, drug categories suspected, etc.)</i>
Disposition of specimens?

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

CHAIN OF CUSTODY (CC)
<i>Each individual charged with custody of specimens must complete information below by hand (continue CC on reverse as required).</i>

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		