

**COLORADO BUREAU OF INVESTIGATION**

**CBI LAB CASE #** \_\_\_\_\_

TOXICOLOGY REQUEST FOR LABORATORY EXAMINATION

**SUBJECT** \_\_\_\_\_    
First Middle Last M F DOB SID

\_\_\_\_\_  
**REQUESTING AGENCY** **AGENCY CASE#** **AGENCY ITEM#** **TRIAL DATE**

\_\_\_\_\_  
**REQUESTING OFFICER** **E-MAIL** **PHONE**

**OFFENSE**  DUI  Accident  Fatal Accident  Drug Facilitated Crime  Other: \_\_\_\_\_

\_\_\_\_\_  
**DATE OF OFFENSE (MM/DD/YYYY)** **TIME OF OFFENSE (24:00)** **NCIC OFFENSE CODE (IF KNOWN)**

**DRE CONDUCTED?**  YES\*\*  NO \*\*Please submit a copy of DRE opinion if available\*\*

List any drugs suspected or administered for medical treatment prior to blood draw

Blood  Urine  Other \_\_\_\_\_ **Collection Date (MM/DD/YYYY)** **Collection Time (24:00)**

**Samples Collected By (Please Print):** \_\_\_\_\_

**Test(s) Requested**

Alcohol<sup>1</sup>  Drugs of Abuse<sup>2</sup>  Specific Prescription Drugs<sup>3</sup> \_\_\_\_\_

**Tests for**

**1- Alcohol:** Volatile analysis by GC/FID-HS to include Ethanol, Acetone, Isopropanol, Difluoroethane

**2-Drugs of Abuse:**

Barbiturates: Amobarbital, Butabartial, Butalbital, Pentobarbital, Phenobarbital, & Secobarbital

Benzodiazepines: Alprazolam, Bromazepam, Chloridiazepoxide, Clonazepam, 7-Aminoclonazepam, Diazepam, Estazolam, Etizolam, Flurazepam, Lormetazepam, Lorazepam, Nitrazepam, Midazolam, Oxazepam, Phenazepam, Temazepam, & Triazolam

Cocaine: Cocaine, Cocaethylene, Benzoylecgonine & Levamisole

Marijuana: delta-9 THC, THC metabolites (Carboxy-THC & Hydroxy-THC)

Methamphetamine: Methamphetamine & Methylenedioxymethamphetamine (MDMA)

Opiates: Codeine, Morphine, Hydrocodone, Hydromorphone, & Heroin

Oxycodone: Oxycodone & Oxymorphone

Carisoprodol: Carisoprodol & Meprobamate

Zolpidem: Zolpidem

**3-Prescription Drugs:** Drug Analysis for Methadone, Antihistamines, Antidepressants, Antipsychotics, Anti-seizure, & Muscle relaxants will only be performed with a specific drug request or based upon the known Alcohol and/or Drugs of Abuse results.

**Submitting Party Signature** \_\_\_\_\_

**CONSENT FORM**

Name of Subject (print): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

I HAVE GRANTED PERMISSION FOR BLOOD SAMPLES TO BE TAKEN: \_\_\_\_\_

**BLOOD COLLECTOR'S REPORT**

Signature of Subject

Place of Blood Collection: \_\_\_\_\_ Collection Date: \_\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_

I HEREBY CERTIFY THAT I DREW BLOOD SAMPLES FROM THE ABOVE NAMED PERSON:

\_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature of Collector

I HEREBY CERTIFY THAT I HAVE WITNESS THE ACTUAL WITHDRAWAL OF BLOOD FROM THE ABOVE SUBJECT BY THE PERSON WHOSE

SIGNATURE APPEARS ABOVE: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature of Witness