



ALABAMA  
DEPARTMENT OF FORENSIC SCIENCES  
TOXICOLOGY ANALYSIS REQUEST

Complete ONE form per subject or suspect and enclose specimens for ONE subject or suspect per kit. DO NOT USE GEL PENS to label specimens; writing will smear.

ADFS

Case No: \_\_\_\_\_

ADFS use only

NAME: \_\_\_\_\_ Subject  Suspect   
 Race: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB or Age: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Date/time of death: \_\_\_\_\_ Date/time of collection: \_\_\_\_\_  
 Suspected cause of death: \_\_\_\_\_  
 List any medication or treatment given *after* the incident: \_\_\_\_\_  
 Is there a history of substance abuse? No  Yes  Substance(s): \_\_\_\_\_  
 Was a fire involved with this incident? No  If Yes: Building  Vehicle  Other \_\_\_\_\_  
 Describe the incident: Use reverse, if necessary. Check here

IF TRAFFIC-RELATED, ALSO COMPLETE THE FOLLOWING:

Subject/suspect type: Driver  Passenger  Pedestrian  Bicyclist  Other: \_\_\_\_\_

SPECIMEN(S) SUBMITTED: Blood  Urine  Other: \_\_\_\_\_

EXAMINATION(S) REQUESTED: \_\_\_\_\_

SUBMITTER: \_\_\_\_\_

(Name)

\_\_\_\_\_ (Agency)

\_\_\_\_\_ (Street Address)

\_\_\_\_\_ (Telephone/Fax)

\_\_\_\_\_ (City, State, Zip)

\_\_\_\_\_ (Email)

\_\_\_\_\_ (Signature of Submitter)

\_\_\_\_\_ (Date)

**LABEL SPECIMENS WITH THE SUBJECT AND COLLECTOR NAMES. IF SEALS ARE INCLUDED, COMPLETE AND APPLY TO EACH SPECIMEN. REPLACE SPECIMENS IN THE PROTECTIVE HOLDER. ENCLOSE ALL SPECIMENS IN THE PLASTIC BAG AND PLACE IN THE KIT. ENCLOSE THIS COMPLETED FORM IN THE OUTER PLASTIC POUCH. SEAL AND INITIAL THE KIT AND RETURN TO THE LABORATORY.**