

**Oregon State Police Forensic Services Request Toxicology/ DRE FORM**

<p><b>RUSH</b> approved by Lab Personnel</p> <p>_____</p> <p style="text-align: center; font-size: small;">Lab Personnel Name</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">OR</p> <p>Trial Date: _____</p> <p>DA: _____</p>	<p style="text-align: right;">Analyst: _____</p> <p>Start Date: _____ Page _____ of _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; height: 40px; vertical-align: top;">Lab Case #</td> <td style="width:20%; height: 40px; vertical-align: top;">Sub #</td> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px; vertical-align: top;">Req #</td> </tr> </table>	Lab Case #	Sub #		Req #
Lab Case #	Sub #				
	Req #				
<p>Agency Case #</p> <p>Secondary Agency</p>	<p><input type="checkbox"/> Additional Name Info Only</p> <p><input type="checkbox"/> Previous Evidence Submitted</p> <p>Secondary Agency Case #</p> <p>Court # (if available)</p>				

Agency		Offense		Offense Date (mm/dd/yy)		County of Venue	
Agency Case #		Last (Individual # 1)		First		Middle	
Suspect	Mentioned	Biological	Male	DOB (mm/dd/yy)	SID #	FBI # (UCN)	Breath Test Given?
Victim	Deceased	Sex	Female				Yes No
Last (Individual # 2)		Last (Individual # 2)		First		Middle	
Suspect	Mentioned	Biological	Male	DOB (mm/dd/yy)	SID #	FBI # (UCN)	Breath Test Given?
Victim	Deceased	Sex	Female				Yes No
Last (Individual # 3)		Last (Individual # 3)		First		Middle	
Suspect	Mentioned	Biological	Male	DOB (mm/dd/yy)	SID #	FBI # (UCN)	Breath Test Given?
Victim	Deceased	Sex	Female				Yes No
Investigating Officer (Please Print)			Phone # of Investigating Officer		E-mail of Investigating Officer		

The Oregon State Police Forensic Services Division reserves the right to select appropriate methods of analysis based on the type of evidence and information provided.

Lab Exhibit	Agency Item #	Description of Evidence <small>(Please associate evidence with appropriate individual, if applicable)</small>	Requested service <small>(Refer to the OSP Forensic Services Website <a href="https://tinyurl.com/OSP-Forensic-Documents">https://tinyurl.com/OSP-Forensic-Documents</a> for further information)</small>

Was a DRE Evaluation Performed? (if yes, fill in the information below)

DRE Officer: \_\_\_\_\_ DRE Agency: \_\_\_\_\_

**Stimulants (specify):** \_\_\_\_\_ **Hallucinogens (specify):** \_\_\_\_\_

**Narcotics (specify):** \_\_\_\_\_ **Inhalants (specify):** \_\_\_\_\_

**Depressants (specify):** \_\_\_\_\_ **Dissociative Anesthetics**

**Cannabis** **Other (specify):** \_\_\_\_\_

Submission of this form indicates agreement with the confidentiality, simplified reporting, and selection of methods information available at the following location: [https://www.oregon.gov/osp/Docs/FSD\\_Customer\\_Communication.pdf](https://www.oregon.gov/osp/Docs/FSD_Customer_Communication.pdf)

Delivered/Submitted to Lab By (Please Print)	Delivered/Submitted to Lab By (Signature)	Date Shipped or Submitted
<p>Submitted via</p> <p><input type="checkbox"/> UPS    <input type="checkbox"/> U.S. Mail    <input type="checkbox"/> FedEx</p> <p><input type="checkbox"/> In Person    <input type="checkbox"/> Other (see note below)</p> <p>Date / Time</p>		
<p style="text-align: center; font-weight: bold;">LAB USE ONLY</p>		
<p>Lab Staff</p>		

Staff Notes only (optional)