**COLORADO BUREAU OF INVESTIGATION CBI LAB CASE #**

TOXICOLOGY REQUEST FOR LABORATORY EXAMINATION

**SUBJECT**

First Middle Last M F DOB

**Felony Draw 1 2 3**

**REQUESTING AGENCY AGENCY CASE# AGENCY ITEM#**

**REQUESTING OFFICER EMAIL PHONE**

**OFFENSE** DUI/DUID Crash Fatal Crash Drug Facilitated Crime/ Other:

Sexual Assault

**Offense Date (MM/DD/YYYY) Offense Time (24:00)**

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

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

**Test(s) Requested Drugs Suspected Drugs administered by medical personnel**

Alcohol Drugs2

**Laboratory Scope of Analysis**

**1 - Alcohol:** Volatiles analysis to include Ethanol, Acetone, Isopropanol, Methanol, Difluoroethane (DFE), and other volatiles (i.e. Sevoflurane).

**2 – Drugs:** Drugs of Abuse Screen (14 panel), Specialty Tests.

**Drugs of Abuse Screen (14 panel):**

Amphetamine: Amphetamine and MDA

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

Benzodiazepines: Alprazolam, Bromazepam, Chlordiazepoxide, Clonazepam, 7-Aminoclonazepam, Diazepam, Estazolam, Etizolam, Flurazepam,

Lorazepam, Nitrazepam, Midazolam, Oxazepam, Phenazepam, Temazepam, Triazolam, and many other Designer Benzodiazepines

Buprenorphine: Buprenorphine and Norbuprenorphine

Carisoprodol: Carisoprodol & Meprobamate

Cocaine: Cocaine, Cocaethylene, & Benzoylecgonine

Fentanyl: Fentanyl, Norfentanyl, and many Fentanyl analogs

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

Methadone: Methadone

Methamphetamine: Methamphetamine & MDMA

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

Oxycodone: Oxycodone & Oxymorphone

Tramadol: Tramadol

Zolpidem: Zolpidem

**Specialty Tests (Will only be performed with a specific drug request and/or based upon the known Alcohol/Drug results):**

Prescription Drug Screen: Antihistamines, Antidepressants, Antipsychotics, Anti-seizure medications, Muscle relaxants, and many others.

Drug Facilitated Crime Screen: 7-Aminoflunitrazepam, Flunitrazepam, GHB, Ketamine, Suvorexant, Zaleplon, Zopiclone, and Zolpidem.

Pain Management Assay: Mitragynine, U-47700, and many Fentanyl analogs.

Atypical Antipsychotic Assay: Aripiprazole, Asenapine, Brexpiprazole, Iloperidone, Lurasidone Quetiapine, Risperidone, Vilazodone, and Ziprasidone.

Other Assays: PCP and Phenytoin.

**By submitting evidence for testing, you agree to our posted Notice to Customer that can be found at the CBI website.**

**Submitting Party Signature**

**SPECIMEN COLLECTION CONSENT FORM**

Name of Subject (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I HAVE GRANTED PERMISSION FOR A BIOLOGICAL SAMPLE(S) TO BE TAKEN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Subject

**SPECIMEN COLLECTOR’S REPORT**

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Blood Kit Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I HEREBY CERTIFY THAT I DREW BLOOD SAMPLES FROM THE ABOVE NAMED PERSON in accordance with CRS 42-4-1301.1 & 42-4-1304:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Collector Collector’s Name (Please Print)

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

WHOSE SIGNATURE APPEARS ABOVE:

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

Signature of Witness Signature of Witness