

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
TOXICOLOGY SERVICES  
D.U.I. Work Request Form**

**SUBJECT INFORMATION**

NAME  _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"><span>LAST</span><span>FIRST</span><span>MIDDLE</span></div>	AGE  _____	GENDER  <input type="checkbox"/> M <input type="checkbox"/> F	HEIGHT  ___FT___IN	WEIGHT  ____LBS
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**INCIDENT INFORMATION** (CHECK ALL THAT APPLY)

<input type="checkbox"/> TRAFFIC CRASH <input type="checkbox"/> BOATING <input type="checkbox"/> TRAFFIC STOP <input type="checkbox"/> JUVENILE <input type="checkbox"/> OTHER _____	<input type="checkbox"/> MISDEMEANOR D.U.I. <input type="checkbox"/> FELONY D.U.I. - SERIOUS BODILY INJURY (OTHER THAN DRIVER) - FATALITY
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**DRUG HISTORY & SIGNS OF IMPAIRMENT:** PLEASE LIST ANY DRUGS, MEDICATIONS OR PRESCRIPTIONS THE SUBJECT MAY HAVE TAKEN OR WERE IN HIS/HER POSSESSION. PLEASE INDICATE RESULTS OF D.R.E. (DRUG RECOGNITION EXPERT) EXAM OR OTHER SIGNS OF IMPAIRMENT:

_____ _____ _____ _____ _____
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**TEST RESULTS** (IF AVAILABLE)

BREATH ALCOHOL RESULTS _____
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**SAMPLES SUBMITTED**

<input type="checkbox"/> BLOOD (RECOMMENDED: TWO 10-ML GRAY STOPPERED TUBES) <input type="checkbox"/> URINE (RECOMMENDED: LEAKPROOF CONTAINER WITH 60ML)
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**TESTS REQUESTED**

<input type="checkbox"/> BLOOD ALCOHOL <input type="checkbox"/> BLOOD DRUG SCREEN <input type="checkbox"/> URINE DRUG SCREEN <small>(URINE ALCOHOL NOT AVAILABLE)</small>	LIST DRUGS OF INTEREST: _____ _____ _____ _____
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OFFICER NAME (print) \_\_\_\_\_ PHONE # \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_  
AGENCY NAME \_\_\_\_\_ AGENCY CASE# \_\_\_\_\_

*For any questions, please contact your nearest FDLE laboratory: Tallahassee 800-641-4627, Orlando 800-226-8521*