

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
TOXICOLOGY SERVICES  
Retrograde Extrapolation Request Form**

**SUBJECT INFORMATION**

NAME  _____ <small>LAST                      FIRST                      MIDDLE</small>	AGE  _____	GENDER  <input type="checkbox"/> M <input type="checkbox"/> F	HEIGHT  ___FT___IN	WEIGHT  _____LBS
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**REQUIRED INFORMATION:** (ALL INFORMATION MUST BE PROVIDED IN ORDER FOR A RETROGRADE EXTRAPOLATION CALCULATION TO BE DONE.)

FDLE LABORATORY CASE NUMBER: _____
DATE/TIME OF INCIDENT: _____ AM    PM
DATE/TIME OF COLLECTION: _____ AM    PM
ESTIMATED DATE/TIME OF LAST ALCOHOL CONSUMPTION: _____ AM    PM

**DRINKING HISTORY:** PLEASE PROVIDE AS MUCH INFORMATION ABOUT THE DRINKING HABITS PRIOR TO THE INCIDENT. (I.E. AT A BAR FOR TWO HOURS, AT A PICNIC FOR 6 HOURS, DRINKING IN THE VEHICLE AT THE SCENE.)

_____ _____ _____ _____
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**TYPE AND NUMBER OF BEVERAGES CONSUMED:** (BEER, WINE, LIQUOR, MIXED DRINKS)

_____ _____ _____
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**FOOD CONSUMPTION:** TIME AND CONTENT OF THE SUBJECT'S LAST MEAL PRIOR TO THE INCIDENT.

_____ _____ _____
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REQUESTOR'S NAME (print) \_\_\_\_\_ TITLE \_\_\_\_\_

REQUESTOR'S AGENCY \_\_\_\_\_ PHONE # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_