Allegheny County
Office of the Medical Examiner
Forensic Laboratory
1520 Penn Avenue • Pittsburgh, PA 15222
Phone (412) 350-4800 • Fax (412) 350-3861

EVIDENCE SUBMITTAL FORM

TOXICOLOGY

DUI / DUID

1. Agency Incident #:
2. New Submittal: Yes ☐ No ☐ If No, prior Lab Number:
3. Type of Offense or Occurrence:
4. Date and Time of Offense or Occurrence:
5. Location of Offense or Occurrence: (Street, City, Borough, Township, etc.)
6. Location Sample Collected: (hospital) Time Collected:
7. Facts of Offense or Occurrence:
8. Actor's Name: Last: First: Middle:
   OTN: Sex: Age:
9. Type of Analyses Requested: ☐ Alcohol (DUI) ☐ Alcohol and Drug (DUI/DUID)
   ☐ Drug Screen (DUID) ☐ Other(specify):
10. Type of Drug Suspected:
11. Evidence Inventory:
12. DRE CASE: YES ☐ No ☐ Drug Category Suspected:
13. Brief History: (sobriety, time of last drink or ingestion of drug, time of last meal, injuries, etc.)
14. Victim's Name: Sex: Age:
15. Condition of Victim: Unharmed ☐ Injured ☐ Deceased ☐
16. Hearing Date:
17. Investigating Officer: Phone Number:
18. Submit Laboratory Report to: (Name, Address, and Telephone Number of Agency):