



OKLAHOMA STATE BUREAU OF INVESTIGATION TOXICOLOGY HOSPITAL VIAL ANALYSIS REQUEST FORM

Hospital vials submitted to the OSBI Toxicology Unit for the analysis of alcohol and drugs typically contain limited sample. In order to maximize the value of the analysis, please fill out this form completely. This will ensure that the testing is completed in a timely manner.

Case Information

Requesting Agency Case #: _____

Date of Incident: _____

Time of Incident: _____

_____ OSBI Laboratory Number
--

Subject Information

Name (Last, First Middle)	Race	Sex	DOB

Hospital Vial Information

Please indicate the collection date and times for each sample vial collected. Include a vial identifier (cap color, vial PN number, etc. that is unique to each vial). Each vial must be able to be distinguished from the others.

Vial Identifier	Collection Date	Collection Time

List any medications/drugs administered by medical personnel. Include the date and time that they were administered. If no medications/drugs were administered, indicate "none".

Medications/Drugs Administered	Date	Time

By signing below, I state that the above information is true and accurate.

Print Name: _____ Signature: _____ Date: _____