

FORENSIC TOXICOLOGY ANALYSIS REQUEST

AUTHORITY:	Title 10 USC, Section 1471
PRINCIPLE PURPOSE:	To obtain information/specimens needed to evaluate and document forensic toxicological testing.
ROUTINE USES:	Information will be used to document forensic toxicological testing.
DISCLOSURE:	Disclosure of requested information is mandatory. Missing information may prevent timely processing of this request.
TO: ARMED FORCES MEDICAL EXAMINER SYSTEM ATTN: Division of Forensic Toxicology 115 Purple Heart Drive Dover Air Force Base, DE 19902	FORWARD FINAL REPORT TO: (Please use complete mailing address)
WEEKEND DELIVERIES ARE NOT ACCEPTED	Email Address:

NAME OF PATIENT (Last, First, MI)	SOCIAL SECURITY #	AGE	SEX	RACE

DATE OF INCIDENT/ ACCIDENT	TIME AND DATE OF DEATH	AUTOPSY #

MEDICATION HISTORY (Prescribed or administered, in patient's possession, containers found near body, etc.)

SPECIMEN / AMOUNT	SPECIMEN / AMOUNT	SPECIMEN / AMOUNT
1.	5.	9.
2.	6.	10.
3.	7.	11.
4.	8.	12.

INCIDENT/ ACCIDENT DETAILS (Include pertinent information regarding crash site, autopsy or investigation; (e.g., What happened?))

PRINTED NAME OF REQUESTER/ TITLE	SIGNATURE	DATE	TELEPHONE #
			COMM: DSN:

CHAIN OF CUSTODY (CC)
<i>Each individual charged with custody of specimens must complete information below (continue CC on reverse as required).</i>

RELEASED BY	RECEIVED BY	DATE & TIME	PURPOSE OF TRANSFER
SIGNATURE	SIGNATURE		
PRINTED NAME	PRINTED NAME		
SIGNATURE	SIGNATURE		
PRINTED NAME	PRINTED NAME		
SIGNATURE	SIGNATURE		
PRINTED NAME	PRINTED NAME		
SIGNATURE	SIGNATURE		
PRINTED NAME	PRINTED NAME		