



TEXAS DEPARTMENT OF PUBLIC SAFETY
CRIME LABORATORY

Toxicology Request Submission Form

LAB-203 Rev.03 (05/2024) p.1 Issued by: SQM

PLEASE TYPE INFORMATION

- New Service Request
- Additional Evidence Resubmission Corrected Copy

DPS Lab Case # (if known) _____

Submission Information

Agency _____
Agency Case # _____
Offense _____ Felony
Offense Date _____ Offense Time _____
Offense County _____

Agency Contact Information

Title / Badge # _____
Full Name _____
Agency Address _____ City, State, Zip _____
 Mark if new address
Business Email _____ Phone _____ Fax _____
Contact Info for Additional Report Distribution: _____

Service Requested (check one box below and submit to the indicated laboratory)

- ONLY Alcohol/Volatiles Analysis (Submit to Service Area Laboratory)
- ONLY Drug Analysis (Submit to Austin Regional Laboratory)
- BOTH Alcohol/Volatiles and Drug Analysis (Submit to Service Area Laboratory)

Individual (S = Suspect, V = Victim) / Specimen Information

Name (Last, First, Middle, Suffix)	S / V	Race	Sex	DOB	State	Driver License #	ID Card #

Select all that apply:

- Driver Living Fatality Incident (Other than Suspect) Child Passenger(s)
- Non-Driver Deceased Driving Commercial Vehicle Driver Under 21

Specimen Type:

- Blood
- Urine

Specimen Collection:

Date _____ Facility _____
Time _____ Collector _____

Additional Case Information

<input type="checkbox"/> Intoxilyzer Results: _____ <input type="checkbox"/> PBT Results: _____ <input type="checkbox"/> Intoxilyzer Refused	List Suspected Drug(s): _____
<input type="checkbox"/> DRE (Drug Recognition Expert) Exam Administered	

Case Synopsis: _____ (attach or include any other relevant case information)

Submission Method	<input type="checkbox"/> In Person	<input type="checkbox"/> Drop Box	<input type="checkbox"/> Mail/Certified
	<input type="checkbox"/> Other _____		
<h1>DPS Laboratory Use Only</h1> <p>DPS Laboratory Case # _____</p>			
Complete the following for in person submissions only:			
Printed Name (of submitting individual)		Agency	
Signature		Date	

PLEASE REVIEW ALL INFORMATION FOR ACCURACY PRIOR TO SUBMISSION

This form is a proposed contract for services in accordance with Texas Department of Public Safety Crime Laboratory Division policies. Applicable policies are communicated in the Crime Laboratory Division Manual and the excerpted Laboratory Customer Handbook available on the DPS website (<https://www.dps.texas.gov/section/crime-laboratory/publications>). By completing and submitting this form, the submitting customer releases the listed items to the Laboratory and acknowledges that the items are subject to Laboratory protocols, deviations, and procedures.