

**Oregon State Police
Forensic Services Request
DRE FORM**

	<input type="checkbox"/> Rush	Gray Area for Lab Use Only	Analyst: _____
Reason: _____	Date Due: _____	Start Date: _____	Page ____ of ____
Agency	DA Contact: (if known) _____	Lab Case #	Sub #
Agency Case #	<input type="checkbox"/> Additional Subject Info Only <input type="checkbox"/> Previous Evidence Submitted		Req #

Secondary Agency	Secondary Agency Case #	Restrict this case to: (Refer to the OSP Forensic Services Website https://tinyurl.com/OSP-Forensic-Documents for further information) Investigating Officer _____ Agency _____ Lab Staff _____
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Offense <input type="checkbox"/> FMVA	Offense Date (mm/dd/yy)	County of Venue
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Last (Individual # 1)	First	Middle
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<input type="checkbox"/> Suspect <input type="checkbox"/> Mentioned <input type="checkbox"/> Victim <input type="checkbox"/> Deceased	Race	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB (mm/dd/yy)	SID #	FBI #	Breath Test Given? <input type="checkbox"/> Yes <input type="checkbox"/> No Result _____
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Last (Individual # 2)	First	Middle
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<input type="checkbox"/> Suspect <input type="checkbox"/> Mentioned <input type="checkbox"/> Victim <input type="checkbox"/> Deceased	Race	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB (mm/dd/yy)	SID #	FBI #	Breath Test Given? <input type="checkbox"/> Yes <input type="checkbox"/> No Result _____
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Last (Individual # 3)	First	Middle
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<input type="checkbox"/> Suspect <input type="checkbox"/> Mentioned <input type="checkbox"/> Victim <input type="checkbox"/> Deceased	Race	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB (mm/dd/yy)	SID #	FBI #	Breath Test Given? <input type="checkbox"/> Yes <input type="checkbox"/> No Result _____
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Investigating Officer (Please Print)	Phone # of Investigating Officer	E-mail of Investigating Officer
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The Oregon State Police Forensic Services Division reserves the right to select appropriate methods of analysis based on the type of evidence and information provided.

Lab Exhibit	Agency Exhibit	Description of Evidence (Please associate evidence with appropriate individual, if applicable)	Requested service (Refer to the OSP Forensic Services Website https://tinyurl.com/OSP-Forensic-Documents for further information)

DRE Officer: _____ **DRE Agency:** _____

Stimulants (specify): _____ **Inhalants (specify):** _____

Narcotics (specify): _____ **Dissociative Anesthetics**

Depressants (specify): _____ **Other (specify):** _____

Cannabis **Confirm DRE evaluation for medications**

Hallucinogens (specify): _____ **Confirm DRE evaluation for controlled substances**

Submission of this form indicates agreement with the confidentiality, simplified reporting, and selection of methods information available at the following location: https://www.oregon.gov/osp/Docs/FSD_Customer_Communication.pdf

Submitted to Lab By (Please Print)	Submitted to Lab By (Signature)	Date Submitted
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Submitted via <input type="checkbox"/> UPS <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Certified Mail <input type="checkbox"/> Other	LAB USE ONLY
Date / Time	
Lab Staff	

Evidence Transfer or Referral Received From:	Via: <input type="checkbox"/> UPS	Date / Time	Lab Staff	<input type="checkbox"/> Item(s) <input type="checkbox"/> Submission
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