Blood Alcohol Conversion Request

Fax to: 203-639-6484 or Email to: CT.ForensicLab@ct.gov

Attach:

- **Request for Analysis Form** (SOP-ER-02:1 Rev 2 11/2/2015)
  Type of examination is "Toxicology", put "BAC" under "Other"
  (In LEAS, or PDF from http://ct.gov/despp click "Scientific Services")
- **Hospital's blood/urine result, medical record for subject**
  Provide the ETOH / Ethanol record page only
  Ensure the hospital name & address is on it and the subject's full name

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Trooper / Officer: _____

Troop / PD: _____

Agency Contact Number: _____

Agency Fax Number: _____

Subject's Name: _____

Agency Case Number: _____

Hospital Name: _____

Hospital Full Address: _____

_____

For questions contact Case Management at: **203-427-4098** or **203-639-6494**

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