

# Blood Alcohol Conversion Request

Email to: [CT.ForensicLab@ct.gov](mailto:CT.ForensicLab@ct.gov)

If no e-mail capability: Fax to: 203-639-6484

Attach:

- **Request for Analysis Form (SOP-ER-02:1 Rev 3 01/01/2017 )**  
*Type of examination is "Blood Alcohol Conversion"*  
*(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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