



**TENNESSEE BUREAU OF INVESTIGATION  
TOXICOLOGY REPORT REQUEST**



I, [Operator/Subject's Name] \_\_\_\_\_,  
am requesting a copy of the report which contains the results of my blood test(s) prepared pursuant to Tenn. Code Ann. 55-10-406(j). (This form is not to be used for a Tennessee Public Records act request, this record is only available pursuant to the requirements of T.C.A. 55-10-406(j).)

Date sample was taken: \_\_\_\_\_ Arresting Agency: \_\_\_\_\_

Please send the completed report(s) to: [Mailing address, fax number, or email]

\_\_\_\_\_  
\_\_\_\_\_

I have included two forms of identification, one with a photograph, along with this request. By submitting this form, I am certifying that I am the person who is the subject of the requested report. Furthermore, you understand the inherent risk of transmitting personally identifiable information (PII) and you agree to hold the TBI harmless for any interception of such information.

By marking the box, I agree to all the terms and conditions herein described.

---

*Please provide either a mailing address, phone number, or email address so we may contact you with any questions or responses to this request.*

[Operator's Name] \_\_\_\_\_

[Mailing Address] \_\_\_\_\_

\_\_\_\_\_

[Area Code/Phone] \_\_\_\_\_

[Email Address] \_\_\_\_\_

*Please submit this completed form and two forms of ID (at least one with a photo) via the mailing address, email address or fax number below.*

TBI Crime Laboratory  
901 RS Gass Blvd  
Nashville, TN 37216  
[TBI.ToxReports@tn.gov](mailto:TBI.ToxReports@tn.gov)  
Fax: 615-744-4668

---

FOR INTERNAL USE:

Date Received: \_\_\_\_\_ Name: \_\_\_\_\_

Date Response Sent: \_\_\_\_\_ Name: \_\_\_\_\_