



OC CRIME LAB
County Executive Office – District Attorney – Sheriff



AUTHORIZATION TO RELEASE BLOOD SPLIT

To: OC Crime Lab – Forensic Alcohol Laboratory

The Forensic Alcohol Laboratory is hereby authorized to release a portion of the following sample:

SUBJECT’S NAME: _____

BAIN / VIAL #: _____ FR #: _____

Sample Type: Blood Urine

The sample shall be released to (check one):

- An authorized representative of _____
- An authorized representative of Forensic Toxicology Associates
- Henry Greenberg or authorized representative of Forensic Analytical Consultants
- Darrel Clardy or authorized representative of Analytical & Forensic Toxicology, Inc.

for the purpose of analysis by laboratory checked above.

Requested by:

_____ / _____ Defense Counsel
(print name) (sign)

Telephone (_____) _____ Fax (_____) _____

Authorized by:

_____ / _____ Deputy District Attorney
(print name) (sign)

Telephone (_____) _____

Date: _____

Note: No split will be released without the laboratory receiving a completed, signed original of this form. A handwritten DDA signature is required.