



STATE OF WISCONSIN

BLOOD / URINE ANALYSIS

IC-2 12/2024

A. AGENCY INFORMATION		B. SUBJECT INFORMATION		
Officer Agency Address		Name (Last, First, MI) Address		
Agency Telephone () -		Date of Birth Sex ☐ Male ☐ Female		
C. INCIDENT INFORMATION				
Driver's License:		DL State	Traffic Related? ☐ Yes ☐ No	
Violation Date:	Violation Time:	AM PM	Traffic Statute (346.63) ☐ (1)(a) ☐ (1)(b) ☐ (1)(am)	
Citation:	Case Number:		Crash Severity: ☐ No Crash ☐ Crash ☐ Injury ☐ Fatal	
County of Incident:	Crash Document #:		☐ (2)(a) ☐ (2m) ☐ Other (specify):	
Comments:				
D. ANALYSIS REQUEST(S)				
All specimens will be analyzed for Ethanol. Please complete the following for additional drug test requests.				
Testing requested: ☐ Alcohol Testing Only ☐ Alcohol & Drug Testing	Cancel drug request if BAC is above: Leave blank for Alcohol Only	Suspected Drugs		
E. SPECIMEN COLLECTION				
Was the specimen collected following medical treatment (EMT care, surgery, etc...) ? ☐ Yes ☐ No				
Specimen Type: ☐ Blood ☐ Urine	Collection Date:	Collection Time:	AM PM	
Specimen Collected by: ☐ Physician ☐ Registered Nurse ☐ Medical Technologist ☐ Physician Assistant ☐ Phlebotomist ☐ Other medical professional who is authorized to draw blood ☐ Person acting under the direction of a Physician ☐ Officer				
Collector Name:				
F. DRE INFORMATION				
DRE Officer Name:		DRE Officer Number:		
G. LABORATORY INFORMATION				
Received by:	Date:	Time:	Analysis Number	
Number of Specimens:	Condition: Labeled / Sealed			
Comments:			Analyst Verification	
			Date	Init