

**Virginia Department of Forensic Science  
DUI/D Submission Information Sheet**

Investigating Officer(s): \_\_\_\_\_

Telephone #: ( \_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

Agency Name/Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Suspect: \_\_\_\_\_

Jurisdiction (Court): \_\_\_\_\_

This sample was collected via the following process (choose one):

Implied Consent

Search Warrant

Other (please explain): \_\_\_\_\_

\_\_\_\_\_

Brief Statement of Facts: \_\_\_\_\_

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