

RCPD BAC Extrapolation Request Form

Requestor Information

Date of Request		Extrapolation Deadline	
Requestor		Agency	
Phone Number		Email	

Case Number

Please provide answers to the following questions (answer with “not known” if information is not available):

Subject's Name	
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Gender		Height (ft, in)		Weight (lbs)		DOB	
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RCPD BAC Lab Number	
Measured BAC	

Date and Time of First Drink	
Date and Time of Last Drink	
Date and Time of Event	
Date and Time of Blood Draw	
Name of Alcohol Consumed	
Size of Beverage (oz)	
Beverage Ethanol Percentage	
Number of Drinks Consumed	

Provide date, time, and food type for when the subject last consumed food prior to the event.	
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List any medications the subject may have taken at the time of the event.	
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List any known medical conditions the subject may have.	
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Additional Comments, Notes, and/or Instructions:

Questions? Please call the RCPD Evidence/Forensic Laboratory at (605) 394-6033