

Harris County Institute of Forensic Sciences  
Forensic Toxicology Laboratory

Alcohol Calculation Request

Date:	<input type="text"/>	Case Number: IFS	<input type="text"/>
Cause #:	<input type="text"/>	Expert reviewer of report:	<input type="text"/>
Requestor:	<input type="text"/>		
Email:	<input type="text"/>		

**Requested calculation**

- Retrograde extrapolation (estimated BAC at the time of interest)
- Anterograde extrapolation / Widmark calculation (estimated # of standard drinks consumed to achieve measured BAC)

**Complete as many fields as known:**

Date and time of first drink	Date	<input type="text"/>	Time (HH:MM AM or PM)	<input type="text"/>
Date and time of last drink	Date	<input type="text"/>	Time (HH:MM AM or PM)	<input type="text"/>
Date and time of interest (e.g., driving, crash, stop, etc.)	Date	<input type="text"/>	Time (HH:MM AM or PM)	<input type="text"/>
Date and time of blood draw	Date	<input type="text"/>	Time (HH:MM AM or PM)	<input type="text"/>
Suspect/victim's gender	<input type="text"/>			
Suspect/victim's weight (lbs)	<input type="text"/>			
Alcohol consumed prior to the time of incident, to include the number, type and size of drinks consumed	<input type="text"/>			
Was food consumed prior to the time of interest? If so, what and when?	<input type="text"/>			
Additional comments	<input type="text"/>			

Email the completed form to [toxicologyexpertrev@ifs.hctx.net](mailto:toxicologyexpertrev@ifs.hctx.net). A Toxicology Opinion will be emailed to the requesting attorney.