

**INDIANA STATE DEPARTMENT OF TOXICOLOGY
TOXICOLOGY ANALYSIS REQUEST FORM**

ISDT USE ONLY

(1) SUBJECT INFORMATION

_____ Name of Subject (Last, First, Middle Initial)	_____ Date of Birth	_____ Height/Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
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(2) SUBMITTING AGENCY

_____ Title (SGT., Deputy, etc.)	_____ Printed Officer/Coroner Name	_____ Agency
_____ Agency Address	_____ Agency Case #	
_____ City/Zip	_____ Electronic Mail (email) Address	
_____ Telephone	_____ Fax	_____ County of Occurrence

(3) TESTS REQUESTED

Alcohol <input type="checkbox"/> Blood	_____ Drugs <input type="checkbox"/> Blood <input type="checkbox"/> Other	Note: Refer to www.IN.gov/ISDT for a listing of drugs included in our blood drug panel Other drug testing can be completed at the expense of the requesting agency
Specify the name of drug(s) involved in your case: _____		

(4) TYPE OF CASE

Traffic: <input type="checkbox"/> Fatal Accident <input type="checkbox"/> PI Accident <input type="checkbox"/> PD Accident <input type="checkbox"/> OWI	Involvement: <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Juvenile	Subject: <input type="checkbox"/> Injured <input type="checkbox"/> Not Injured <input type="checkbox"/> Deceased
Non-Traffic: <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Other (Specify) _____	Involvement: <input type="checkbox"/> Accused <input type="checkbox"/> Victim <input type="checkbox"/> Juvenile	<p style="text-align: center;"><u>DRE EVALUATION PERFORMED</u></p> <input type="checkbox"/> YES <input type="checkbox"/> NO

(5) EVIDENCE COLLECTION AND CHAIN OF CUSTODY INFORMATION

Specimen Collected By: _____ <small style="margin-left: 100px;">(Print Name)</small>		Collection Facility: _____ <small style="margin-left: 100px;">(Print Facility Name)</small>		
Date Collected: _____		Time Collected: _____ am/pm		
Witness: _____				
_____ Received From	_____ Released To	_____ Purpose	_____ Date	_____ Time (am/pm)
_____ Received From	_____ Released To	_____ Purpose	_____ Date	_____ Time (am/pm)
_____ Received From	_____ Released To	_____ Purpose	_____ Date	_____ Time (am/pm)

**AGREEMENT FOR DESTRUCTION OF SPECIMENS:
THE SUBMITTING AGENCY AGREES THAT THE SPECIMENS SUBMITTED WILL BE
DESTROYED BY ISDT ONE YEAR AFTER ANALYSIS IS COMPLETED.**