



Indiana State Department of Toxicology (ISDT)

Evidence Submission Guidelines

Toxicology Analysis Request (TAR)

Fill out sections 1-4 of the TAR completely and legibly. A link to a fillable electronic TAR is available on the ISDT website: <https://www.in.gov/isdt/specimen-collection-and-submission/>.

Section 1: Subject Information

The subject's first and last names should be listed and match the name/initials on the blood tubes. Testing will be delayed if the subject name is incomplete or does not match information on the tube(s).

Section 2: Submitting Agency

The submitting officer's first and last names should be listed (e.g., John Doe instead of J. Doe or Doe). Provide a regularly monitored email address. Provide the county of occurrence. If multiple agencies are involved in a case, list the investigating agency first. Additional agencies listed here will have access to the toxicology report(s). Indicate if a DRE and/or oral fluid test was performed.

Section 3: Tests Requested

All requests for analysis **must** be in writing. Indicate whether testing is requested for alcohol, drugs, or both. Testing will be delayed if neither box is checked. Identify drugs that you suspect in the case. Drugs included in ISDT's blood drug panel are listed at: <https://www.in.gov/isdt/screen-and-confirmation/>.

If the subject BAC is ≥ 0.10 g/100 mL blood and the case is not a fatality/death or serious bodily injury, overdose, juvenile, sexual assault, or neglect investigation, the drug analysis will be canceled.

Section 4: Type of Case

Indicate the type of investigation. If the box for "Other" is checked, specify the type of case.

Section 5: Specimen Collection and Chain of Custody

This section is provided for your convenience and is not required to be completed.

Kit Submission

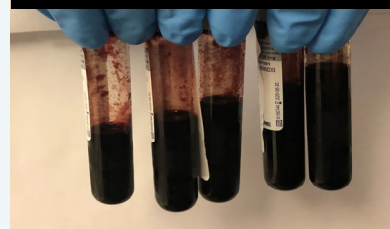
- ISDT tests **only** whole blood, serum, and plasma. Do **not** submit urine or other bodily fluids.
- Fill out blood tube labels completely and legibly (e.g., do not use pens/markers that will smear).
- Affix label along the length of the tube. Do not cover the tube expiration date.
- All tubes should be at least half full (~ 5mL). See images on right. If there is insufficient volume to complete the requested testing, you will be contacted for testing preferences.
- Blood tubes must be securely closed to prevent leaking. If tubes with temporary caps are submitted, make sure they are secured to prevent leaking.
- Secure blood tubes in the cardboard holder and place inside the plastic bag. Seal plastic bag with evidence tape so that nothing can be added to or removed from the bag. See images on right.
- Keep TAR clean and free of blood. Include completed TAR in kit box, but not inside the plastic bag.
- Initial and date evidence seals on the plastic bag and kit box.
- Do not submit additional documents such as hospital records, probable cause affidavit, search warrant, subject driver's license, etc. with the kit.
- Do not put any personal identifiable information (PII) such as subject name or date of birth on the outside of the kit box.
- Limit markings (e.g., case number) to the top side of the kit box. Do not make markings on multiple sides of the kit box or inside the box, except the kit box seal.

Requesting & Refurbishing Kits

- Email toxkits@isdt.in.gov and indicate the number of kits requested and whether the kits are to be picked up or shipped. If shipping is requested, provide a shipping address.
- Expired* kits that are unused, sealed and free of any outside markings or postage may be returned to ISDT to be refurbished.

*The expiration date on the kit box refers to the vacuum in the blood tubes. The kit box may be used for specimen submission if the expired tubes are replaced with unexpired tubes. If unexpired tubes are not available, expired tubes may be submitted as long as sufficient volume is collected.

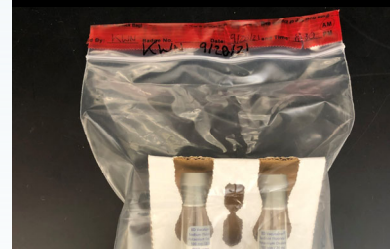
Sufficient Volume Tubes



Low Volume Tubes



Properly Sealed Secondary Container



Evidence Tape Fully Covering Opening



Improperly Sealed Secondary Containers



For questions, contact:
Analytical Lab Supervisor
(Laboratory@isdt.in.gov)
(317)-921-5000 ext 1