

**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 **ISDT only performs testing on whole blood, serum, or plasma specimens**

Drugs* Specify the drugs suspected in your case _____

*Refer to www.IN.gov/isdt for a listing of drugs included in our blood drug panel. Please contact ISDT to make arrangements for additional drug testing to be completed at the expense of the requesting agency.

(4) TYPE OF CASE

Traffic: <input type="checkbox"/> Fatal Crash <input type="checkbox"/> PD Crash <input type="checkbox"/> SBI Crash <input type="checkbox"/> OVWI <input type="checkbox"/> PI Crash <input type="checkbox"/> Other _____	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 Involvement: <input type="checkbox"/> Victim <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Accused <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Elderly <input type="checkbox"/> Juvenile	<p style="text-align: center;"><u>DRE EVALUATION PERFORMED</u></p> <input type="checkbox"/> YES <input type="checkbox"/> NO DRE officer: _____ Email: _____	

(5) EVIDENCE COLLECTION AND CHAIN OF CUSTODY INFORMATION

Specimen Collection Notes: _____

Specimen Collected By: _____ Collection Facility: _____
(Print Name) (Print Facility Name)

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)
_____	_____	_____	_____	_____

By submitting evidence to ISDT, the submitting agency agrees to allow ISDT to select the appropriate method of analysis, authorize deviations from a test method, outsource analysis, and destroy submitted specimens 1 YEAR after analysis is completed.

ISDT is subject to the requirements of IC 5-15-5.1-10 and the Indiana Access to Public Records Act (IC 5-14-3).

Please see www.IN.gov/isdt for ISDT policies or contact the Department.

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