

Drug-Facilitated Sexual Assault Toxicology Request Supplemental Report and External Chain of Custody



Scientific Laboratory Division
Toxicology Bureau
Tel: (505) 383-9109
Fax: (505) 383-9088

SLD Laboratory Case #: _____ Date Received: _____

Please type or print full information to avoid a delay in report.

COLLECTION INSTRUCTIONS:

Blood (20 mL) & Urine (50 mL) Within 24 Hours of Ingestion / Urine (50 mL) ONLY if after 24 Hours and before 120 Hours

Patient Last Name:	Patient First Name:	DOB:	SS#:
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SUBJECT SYMPTOMS (as reported by patient) – Please Check Applicable Symptoms

Disturbances of Consciousness/

Memory Impairment:

- Drowsiness
- Sedation
- Stupor
- Loss of Consciousness
- Confusion
- Memory Loss

Neurological:

- Muscle Relaxation
- Dizziness
- Weakness
- Slurred Speech
- Paralysis
- Seizures
- Headache
- Pupil Size _____
- Reaction _____

Psychophysical:

- Excitable
- Aggressive Behavior
- Loss of Inhibitions
- Hallucinations
- Dissociation

GI/GU:

- Nausea
- Vomiting
- Diarrhea
- Incontinence – Urine
- Incontinence – Feces

Does the subject have a past medical history of any of the above listed symptoms? If YES, describe.

Was the subject unconscious? _____ How long? _____

Date and time of suspected ingestion? _____

How much alcohol was consumed (if any)? _____

How many times did the subject void prior to urine collection? _____

List all drugs taken (recreational, prescription, over-the-counter). Include dose, date and time of administration.

Date/Time of Assault:	Date/Time of Forensic Examination:	Blood Collection Date/Time:
Urine Collection Date/Time:	First Void Urine? (Y/N)	Hours Between Incident and Sample Collection:
Law Enforcement Investigator's Name:	Phone Number:	Agency:
Law Enforcement Agency Address:	City, State:	Zip Code:

Collected and Sealed By: _____ Date: _____ Time: _____

Submitted to SLD, Toxicology Bureau, 1101 Camino de Salud NE, Albuquerque, NM 87102.

Submitted By: _____ Date: _____
(Print Name) (Signature)

Received By: _____
(SLD Representative's Signature)

Delivery to the Lab:	<input type="checkbox"/> By mail/courier	<input type="checkbox"/> In person
Seal Intact:	Y / N	
Specimen:	<input type="checkbox"/> Blood	<input type="checkbox"/> Urine