



# Drug Facilitated Crime Toxicology Sample Collection Sheet

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Kit No. T-

## SUBJECT INFORMATION

Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Sex:  M  F

\_\_\_\_\_ **I have informed the patient that toxicology testing may detect any alcohol and drug use (legal or illegal) and those results will be reported.**  
initials

## ASSAULT INFORMATION

Assault Date: \_\_\_/\_\_\_/\_\_\_ Approximate time: \_\_\_:\_\_\_

Reported to Law Enforcement?  Yes  No

Law Enforcement Agency (if reported): \_\_\_\_\_ Case Number: \_\_\_\_\_

**If any symptoms below are reported or observed, assault may have been drug facilitated and warrant collection of toxicological samples (Check all that apply):**

- Drowsiness/Sedation     Slurred speech     Dizziness     Loss of Consciousness
- Nausea/Vomiting     Muscle Weakness     Paralysis     Memory Loss/Impairment
- Hallucination     Decreased Inhibitions     Other: \_\_\_\_\_

Was alcohol consumed prior to the assault?  Yes  No  Unknown

Ingestion:  Voluntary  Forced/Coerced  Suspected

If yes, describe type and amount of alcohol consumed: \_\_\_\_\_

Were drugs consumed prior to the assault?  Yes  No  Unknown

Ingestion:  Voluntary  Forced/Coerced  Suspected

Type:  Recreational  OTC  Prescription

If yes, describe type and amount of drugs consumed: \_\_\_\_\_

Were drugs administered by EMS, emergency room, or SANE prior to sample collection?  Yes  No

Description: \_\_\_\_\_

Were drugs administered/prescribed for a medical or dental procedure in the last week?  Yes  No

Description: \_\_\_\_\_

## URINE SAMPLE

Collect only if assault occurred within 120 hours and drug facilitated crime is suspected.

Collected?  Yes  No

Kit intact & sealed?  Yes  No Powder present in bottle?  Yes  No

Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_ Collected By: \_\_\_\_\_

## BLOOD SAMPLE

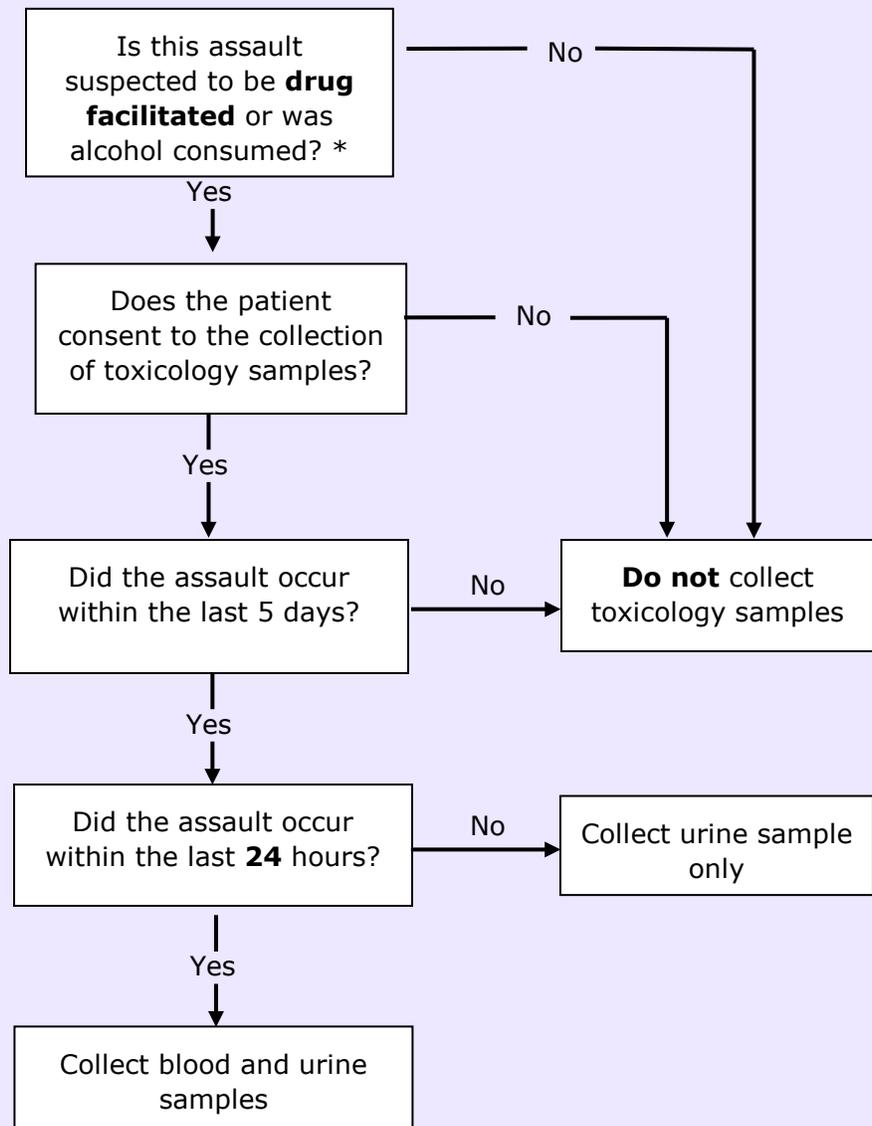
Collect only if assault occurred within 24 hours and drug facilitated crime is suspected.

Collected?  Yes  No

Number of tubes: \_\_\_\_\_ Type of tube(s): \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_ Collected By: \_\_\_\_\_

## Toxicology Flow Chart



### \*How to determine if a sexual assault may have been drug facilitated?

- If the patient remembers having a drink but cannot recall what happened for a period of time after consuming the beverage.
- If the patient feels substantially more intoxicated than their usual response to the amount of alcohol consumed or feels intoxicated after drinking a non-alcoholic beverage.
- If the patient feels as though they were assaulted in a sexual manner but cannot recall any or all of the incident.
- If the patient wakes up in a strange or different location without knowing how they got there.

### \*What are some symptoms?

- Memory loss including "snapshots" or cameo memories
- Nausea/vomiting
- Drowsiness/ sedation/ loss of consciousness
- Altered motor function/ Inability to move
- Decreased inhibitions
- Dizziness
- Slurred speech
- Loss of muscle control