

**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	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
Drugs <input type="checkbox"/> Blood <input type="checkbox"/> Other _____	
Specify the name of drug(s) involved in your case: _____	

(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: _____	

(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.**