

**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	<input type="checkbox"/> Urine	<input type="checkbox"/> Other _____	Note: Refer to ISDT website for list of drugs in panel
Drugs	<input type="checkbox"/> Blood	<input type="checkbox"/> Urine	<input type="checkbox"/> Other _____	
Other	Specify the name of drug(s) involved in your case: _____			

**(4) TYPE OF CASE**

<b>Traffic:</b>	<input type="checkbox"/> Fatal Accident <input type="checkbox"/> PI Accident <input type="checkbox"/> PD Accident <input type="checkbox"/> OWI	<b>Involvement:</b>	<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian	<b>Subject:</b>	<input type="checkbox"/> Injured <input type="checkbox"/> Not Injured <input type="checkbox"/> Deceased
<b>Non-Traffic:</b>	<input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Other (Specify) _____	<b>Involvement:</b>	<input type="checkbox"/> Accused <input type="checkbox"/> Victim	<b><u>DRE EVALUATION PERFORMED</u></b> <input type="checkbox"/> YES <input type="checkbox"/> NO	

**(5) EVIDENCE COLLECTION AND CHAIN OF CUSTODY INFORMATION**

Specimen Collected By: _____ <small>(Print Name)</small>		Collection Facility: _____ <small>(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)
_____ Received From	_____ Released To	_____ Purpose	_____ Date    Time (am/pm)

**NOTE: SPECIMENS WILL BE DESTROYED 180 DAYS AFTER TESTING HAS BEEN COMPLETED**