

ALCOHOL AND DRUG DETERMINATION

Not to Be Used for Submission of Defendant's Personal Sample for Alcohol or Drug Analysis

AGENCY INFORMATION		
Investigating Agency	Originating Agency Identifier (ORI)	
Agency Mailing Address	County of Jurisdiction	
Agency Telephone Number	Agency/Officer Email for Lab Reports	
Investigating Officer Printed Name	Officer Signature	Badge Number

INCIDENT INFORMATION			
Incident Number	Date of Incident	Time of Incident <input type="checkbox"/> AM <input type="checkbox"/> PM	
Subject First Name	Subject Last Name	Driver's License Number	Date of Birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	Cause of Death	<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Suspect <input type="checkbox"/> Victim <input type="checkbox"/> Other
FILE CLASS			
<input type="checkbox"/> 5400-1 Accident, Hit & Run <input type="checkbox"/> 5400-2 OWI <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Fatality	<input type="checkbox"/> 0900-1 Homicide <input type="checkbox"/> 0900-3 Negligent Homicide <input type="checkbox"/> 1100 Criminal Sexual Conduct <input type="checkbox"/> 3500-1 Violation of Controlled Substances Act <input type="checkbox"/> 4100-1 Liquor License Violation <input type="checkbox"/> 4100-2 Open Intoxicant	<input type="checkbox"/> 5200-1 Weapon Offense <input type="checkbox"/> 9500-1 Accident, Fire <input type="checkbox"/> 9800-7 Suspicious Situation <input type="checkbox"/> 9800-9 Drug Overdose <input type="checkbox"/> 9900-1 Suicide <input type="checkbox"/> 9900-2 Natural Death <input type="checkbox"/> 9900-8 General Assistance <input type="checkbox"/> Other:	
List Suspected Drugs (For OWI, CSC, Death cases):			<input type="checkbox"/> Drug Recognition Evaluation
Comments (Behavior of Subject, etc.):		Preliminary Breath Test (PBT)	
		Date	Time

SAMPLE COLLECTION INFORMATION		
Medical Facility Name	Date of Collection	
Printed Name of Person Taking Samples	Tube 1 <input type="checkbox"/> Blood <input type="checkbox"/> Other	Time of Collection <input type="checkbox"/> AM <input type="checkbox"/> PM
	Tube 2 <input type="checkbox"/> Blood <input type="checkbox"/> Other	Time of Collection <input type="checkbox"/> AM <input type="checkbox"/> PM
Signature of Person Taking Samples	Bottle 1 <input type="checkbox"/> Urine <input type="checkbox"/> Other	Time of Collection <input type="checkbox"/> AM <input type="checkbox"/> PM
	Bottle 2 <input type="checkbox"/> Urine <input type="checkbox"/> Other	Time of Collection <input type="checkbox"/> AM <input type="checkbox"/> PM
Additional Remarks		

This Kit Is Not Intended to Be Used for DNA Analysis

Form Instructions on Reverse

FORM INSTRUCTIONS

General

- This form is not to be used for submission of defendant's personal sample for alcohol or drug analysis, nor is this kit intended to be used for DNA testing.
- By submitting evidence for alcohol and drug determination to the laboratory, you agree to the workflow selected by the Toxicology Discipline. The Toxicology Discipline reserves the right to select and use the most appropriate testing method(s) and protocol(s).
- Please check all appropriate boxes.
- Please print legibly and completely.

Agency Information

In the appropriate fields, provide the name, ORI, address, and telephone number of the investigating agency. Also, supply the county of jurisdiction. Additionally, provide the agency or officer email address to which laboratory reports should be transmitted. Indicate the name of the investigating officer, badge number, and provide officer's signature.

Incident Information

- Record the incident number (also known as complaint number) and date and time of incident in the appropriate fields.
- Provide subject information. Provide all letters and digits of the driver's license number, and record subject's date of birth. Check all appropriate boxes describing subject.
- Check all appropriate file class boxes. If investigating a fatal accident, please indicate as much by marking the "Fatality" check box in addition to any other boxes marked. If file class is not listed, please record the appropriate file class under "Other_____".
- List any suspected drugs when applicable. Note subject behavior and PBT results when applicable."

GUIDELINES FOR SAMPLE COLLECTION

Please record completely the date, time, and personnel drawing the samples.

For Blood Samples

To Physician or other Qualified Medical Person

1. Do not use alcohol or alcoholic solution to sterilize skin surface, needle, or syringe.
2. Draw two tubes of venous blood from subject in presence of a law enforcement officer and tell the subject IN THE OFFICER'S PRESENCE that no alcohol was used in sterilizing the skin surface, needle, or syringe.
3. Slowly invert blood collection tube(s) enough times to distribute the sodium fluoride/potassium oxalate preservative.
4. In ink, complete blood specimen labels by entering name of subject, date and time of blood collection, and your name.
5. In the presence of subject, hand tube(s) of blood and label(s) to law enforcement officer for signing, packaging, and transfer to the laboratory.

To Law Enforcement Officer

6. Review accompanying information sheet and be sure all information is supplied before sealing and mailing.
7. Record your name on the blood tube labels. Affix labels, lengthwise, to the tubes. DO NOT place labels over the top of tubes.
8. For mailing protection, place the tubes into the cardboard holder from which they were taken. Seal the tubes and holder in zippered plastic bag, and then place the bag with the samples into the cardboard mailing container.
9. Complete the FSD-093 and place first and second copies of the form into the mailing container. Seal the container with the provided seal. Mail the sealed container using First Class Mail.

For Urine Samples

To Law Enforcement Officer

1. THE URINE SAMPLE SHALL BE COLLECTED IN THE PRESENCE OF AN OFFICER to be certain the subject does not contaminate the specimen and to ensure that the subject EMPTIES THE BLADDER.
2. The urine test requires the subject to provide TWO SAMPLES collected at least 30 MINUTES APART. The urine samples shall be collected in separate bottles and identified as Bottle 1 and Bottle 2.
3. Bottle 1: SUBJECT EMPTIES BLADDER into one bottle.
4. **WAIT at least 30 minutes.**
5. Bottle 2: SUBJECT EMPTIES BLADDER into second bottle.
6. TIGHTEN CAPS FIRMLY. Complete urine bottle labels by entering name of subject, date and times of urine collection, and your name on the label and affix the labels to the bottles. Seal bottles in zippered plastic bag, and then place bag with the samples into the cardboard mailing container. Complete the FSD-093 and place first and second copies of the form into the mailing container. Seal the container with the provided seal. Mail the sealed container using First Class Mail.

For Other Samples

The two bottles may be used for liquid samples other than urine (e.g., a beverage for open intoxicants).