

Drug-Facilitated Sexual Assault Toxicology Request

SLD Laboratory Case #: _____

WITHIN 24 HOURS COLLECT: 20 mL of blood AND 50 mL of urine
AFTER 24 HOURS COLLECT: 50 mL urine ONLY



Forensic Toxicology Bureau

1101 Camino de Salud, Albuquerque, NM 87102

Tel: (505)383-9109 Fax: (505)383-9088

Patient Name: _____
(Last) (First)

DOB: _____

Assault Date/Time: _____

Exam Date/Time: _____

Blood Collection Date/Time: _____

Urine Collection Date/Time: _____

PATIENT SYMPTOMS (as reported by patient) – Please Check Applicable Symptoms

| | | | |
|-----------------------|-------------------|---------------------|--------------|
| Drowsiness | Muscle Relaxation | Excitable | Nausea |
| Sedation | Dizziness | Aggressive Behavior | Vomiting |
| Stupor | Weakness | Loss of Inhibitions | Diarrhea |
| Loss of Consciousness | Slurred Speech | Hallucinations | Incontinence |
| Confusion | Paralysis | Dissociation | – Urine |
| Memory Loss | Seizures | | Incontinence |
| | | | – Feces |

Other Symptoms: _____

Does the patient experience any of the above listed symptoms unrelated to the assault? If YES, describe:

Was the patient unconscious? _____ If yes, how long? _____ How many times did the patient void prior to urine collection? _____

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

SANE Nurse: _____
(Last) (First) (Signature) (Date)

To be completed by Law Enforcement:

Investigator: _____
(Last) (First) (Signature) (Date)

Agency: _____ Telephone: _____

Agency Address: _____
(City, State) (Zip Code)

Agency Case Number: _____

Delivery to the Lab: (SLD USE ONLY)

In Person _____
(Print Name) (Signature) (Date/Time)

US Mail Other: _____ Comments: _____

Specimens Received: Blood Urine _____

Seal Intact: Yes No _____

Received By: _____
(Print Name) (Signature) (Date/Time)