

## **CONSENT TO TOXICOLOGY**

### **Patient Consent for Collection and Testing of Toxicology Evidence or Collection and Hold Evidence**

Consent and patient assent are both required for evidence collection. Any person able to consent may do so on their own, including minors. If a minor is unable to consent, consent may be provided by a parent, guardian, or health care power of attorney (POA).

If an **adult is unable to consent**, consent may be provided by a guardian or health care POA.

### **Urine Evidence Collection Details**

\_\_\_\_\_<sup>'s urine sample was collected on \_\_\_\_\_ at \_\_\_\_\_</sup>  
*(Name of victim or Law Enforcement Report # if victim chooses not to provide personal information) (Date) (Time)*

### **Consent to TEST Toxicology Specimen**

**(A patient must be 13 years or older to consent to testing. Testing can only occur if the patient is reporting to law enforcement.)**

I, \_\_\_\_\_, give permission for toxicology evidence collected at  
*(Patient (if able to consent) -or- if not able to consent: Parent / Guardian / Health Care POA (please circle role and print name)*

\_\_\_\_\_ on the date and time specified above

*(Name of hospital)*

to be **released** to law enforcement for a toxicology screen to be conducted at a forensic laboratory.

**I consent to toxicology testing and understand that alcohol and all drug residues (legal and illegal) in the urine will be disclosed by this test and reported. I understand that this test is completely voluntary.**

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  
*(Patient (if able to consent) -or- if not able to consent: Parent / Guardian / Health Care POA (please circle role and sign)*

**WITNESS:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**OR**

### **Consent to HOLD Toxicology Specimen**

I, \_\_\_\_\_, give permission for toxicology evidence collected at  
*(Patient (if able to consent) -or- if not able to consent: Parent / Guardian / Health Care POA (please circle role and print name)*

\_\_\_\_\_ on the date and time specified above

*(Name of hospital)*

to be **held** by law enforcement. A toxicology screen **will not** be conducted at this time. I understand law enforcement is only required to hold the evidence for a minimum of 10 years or until the 28<sup>th</sup> birthday of a victim under the age of 18.

**Initial:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  
*(Patient (if able to consent) -or- if not able to consent: Parent / Guardian / Health Care POA (please circle role and initial)*

## RECEIPT OF EVIDENCE FOR TOXICOLOGY SCREEN

I certify that I received the urine specimen for the above-named victim for the purposes of toxicology screening or holding. If consent for testing was granted, the evidence should be submitted to the forensic laboratory within 10 business days.

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(Signature of receiving law enforcement representative)      (ID # and rank)      (Date)      (Time)

Law Enforcement Agency: \_\_\_\_\_ Agency Phone: \_\_\_\_\_

Hospital representative releasing specimen: \_\_\_\_\_  
(Printed name)      (Signature)