

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

_____’s urine sample was collected on _____ at _____
(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 28th 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.

(Signature of receiving law enforcement representative)

(ID # and rank)

(Date)

(Time)

Law Enforcement Agency: _____ Agency Phone: _____

Hospital representative releasing specimen: _____
(Printed name) (Signature)