

CONSENT TO TOXICOLOGY

Patient Label Here
PATIENTS NOT REPORTING
LEAVE BLANK

PATIENT CONSENT FOR COLLECTION

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.

PATIENT CONSIDERATIONS AND COLLECTION TIMEFRAME

Toxicology testing is voluntary. You have the right to consent to or decline testing for the presence of drugs or alcohol that may have been used to facilitate a sexual assault.

If you choose to be tested, results may identify substances that were taken voluntarily or involuntarily, including controlled substances (prescription or illegal drugs), over-the-counter medications, and alcohol.

Toxicology testing related to drug-facilitated sexual assault should be considered up to 120 hours after the incident. If a specimen is collected outside the 120-hour timeframe, law enforcement must be informed that the specimen was collected outside the window and the reason for collection.

CONSENT CHOICES

Please complete only ONE option below based on your decision:

- If you choose to have the urine specimen tested, complete the Consent to **TEST** Toxicology Specimen section. A patient **must be 13 years or older to consent to test**. Testing can only occur if the patient is reporting to law enforcement.
- If you choose to have the urine specimen collected and held, complete the Consent to **HOLD** Toxicology Specimen section.

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)

_____ and _____ of incident
(Date) (Time)

CONSENT TO TOXICOLOGY

Patient Label Here
PATIENTS NOT REPORTING
LEAVE BLANK

CONSENT TO TEST 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 to be **released**
(Name of hospital)

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)-or-if not providing personal information enter **Law Enforcement Report #**)

_____ on the date and time specified above to be **held** by
(Name of hospital)

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))

Urine Specimen Storage Period Ends On: _____

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)