

# 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 – Urine
Confusion	Paralysis	Dissociation	Incontinence – Feces
Memory Loss	Seizures		

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)