

**DFSA BLOOD AND URINE SPECIMEN COLLECTION KIT – PATIENT INFORMATION AND CONSENT**

Law enforcement agency: \_\_\_\_\_ Case number: \_\_\_\_\_

**Consent for specimen analysis for drug facilitated sexual assault**

The history of the incident I have reported is either indicative of, or suspicious for, a potential drug facilitated sexual assault. To determine if I ingested an unknown substance, samples of my blood and, or urine may be sent to a forensic laboratory for analysis.

The methods used to analyze the specimens submitted cannot differentiate between substances I ingested voluntarily and those I may have ingested without my knowledge. Reports of the analysis will include all identified substances found in the specimens including alcohol, prescription, non-prescription and recreational drugs. These reports will become part of the records.

I give permission for samples of my blood and, or urine to be submitted to a forensic laboratory for analysis.

\_\_\_\_\_  
Patient's name

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Patient's signature

\_\_\_\_\_  
Date/time

Date and time of ingestion (or suspected time frame): \_\_\_\_\_

Date and time of specimen collection: \_\_\_\_\_

Patient taking any prescription, or over the counter (OTC), or recreational drugs?  Yes  No

Name of drug(s) and dates/times last ingested:

Name	Date and time last ingested
_____	_____
_____	_____
_____	_____
_____	_____

Track Kit number

PATIENT LABEL OR  
  
PATIENT'S NAME:  
  
MRN: