ISDT USE ONLY

INSTRUCTIONS: 1. Print all information legibly.

SECTION 1 - S	UBJECT INFORMATION	ON								
First Name		Middle Initial	Last Name				Subject Injured Not		Not injured	Deceased
Date of Birth (MM/DD/YYYY)				Height (feet, inches) Weig		ght <i>(pounds)</i>		Gender Male	Female	
SECTION 2 – SUBMITTING AGENCY										
Agency				Officer First Name M			Middle Ini	Middle Initial Last Name		
Agency Case Number				Officer E-mail Address						
Agency Street Add		DRE Evaluation Performed Yes No				Oral I Ye	Fluid Test Perfo	ormed		
Agency City and Z			DRE Officer Fi	DRE Officer First Name			tial	Last Name		
Telephone Number		County of Occu	rrence	DRE Officer E-mail Address						
SECTION 3 – TESTS REQUESTED (ISDT only tests whole blood, serum, and plasma specimens and, unless notified otherwise, will select which specimen to analyze from specimens submitted.)										
Alcohol Drugs: Includes all drugs on ISDT's standard panel. Refer to www.IN.gov/isdt for a list of included drugs. Contact ISDT for out-of-scope testing at the expense of the requesting agency.										
SECTION 4 – T	YPE OF CASE									
Traffic	Involvement									
Fatal Crash OVWI		н	Homicide		Sexual Assault			Dr	iver	Victim
PD Crash PI Crash		N	Neglect		Death Investigation			Pa	assenger	Accused
SBI Crash		S	Suicide		Domestic Violence			Pe	edestrian	Elderly
Other		0	Overdose		Other			Juvenile Officer		
SECTION 5 - S	PECIMEN COLLECTION	ON AND CHAI	N OF CUSTOD	Y (section not	required to	be co	mpleted)			
Specimen Collecti	on Notes									
Specimen Collecte	on Facility									
				·						
Date Collected (MM/DD/YYYY)			Time Co	ollected	Witness					
Received From	R	Released To		Purpose			Time			Date (MM/DD/YYYY)
Received From	Released To			Purpose			Time			Date (MM/DD/YYYY)
Received From	R		Purpose			Time	Time		Date (MM/DD/YYYY)	
By submitting evidence to ISDT, the submitting agency agrees to the terms of the ISDT Laboratory Customer Agreement posted at www.IN.gov/isdt.										
1	Contact	ISDT: 550 W 1	6th Street India	anapolis IN 4620	02 (T) 317 ₋ 0	21-50	00 (F) 317	-925-	9430	