



TOXICOLOGY ANALYSIS REQUEST

State Form 53043 (R2 / 2-25)
INDIANA STATE DEPARTMENT OF TOXICOLOGY

ISDT USE ONLY

INSTRUCTIONS: 1. Print all information legibly.

SECTION 1 – SUBJECT INFORMATION					
First Name	Middle Initial	Last Name		Subject Injured	Not injured Deceased
Date of Birth (MM/DD/YYYY)		Height (feet, inches)	Weight (pounds)	Gender Male	Female
SECTION 2 – SUBMITTING AGENCY					
Agency		Officer First Name	Middle Initial	Last Name	
Agency Case Number		Officer E-mail Address			
Agency Street Address		DRE Evaluation Performed Yes No		Oral Fluid Test Performed Yes No	
Agency City and ZIP code		DRE Officer First Name	Middle Initial	Last Name	
Telephone Number	County of Occurrence	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 – TYPE OF CASE					
Traffic		Non-Traffic			Involvement
Fatal Crash	OVWI	Homicide	Sexual Assault	Driver	Victim
PD Crash	PI Crash	Neglect	Death Investigation	Passenger	Accused
SBI Crash		Suicide	Domestic Violence	Pedestrian	Elderly
Other _____		Overdose	Other _____	Juvenile	Officer
SECTION 5 – SPECIMEN COLLECTION AND CHAIN OF CUSTODY (section not required to be completed)					
Specimen Collection Notes					
Specimen Collected By		Collection Facility			
Date Collected (MM/DD/YYYY)		Time Collected	Witness		
Received From	Released To		Purpose		Time
Received From	Released To		Purpose		Time
Received From	Released To		Purpose		Time
By submitting evidence to ISDT, the submitting agency agrees to the terms of the ISDT Laboratory Customer Agreement posted at www.IN.gov/isdt.					
Contact ISDT: 550 W. 16th Street Indianapolis, IN 46202 (T) 317-921-5000					