



TOXICOLOGY ANALYSIS REQUEST

State Form 53043 (R / 8-23)
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 <input type="checkbox"/> Injured <input type="checkbox"/> Not injured <input type="checkbox"/> Deceased
Date of Birth (MM/DD/YYYY)	Height (feet, inches)	Weight (pounds)	Gender <input type="checkbox"/> Male <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Oral Fluid Test Performed <input type="checkbox"/> Yes <input type="checkbox"/> 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)

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Drugs*	Drugs suspected in your case (contact ISDT to arrange for additional testing to be completed at the expense of the requesting agency)
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*Drug analysis includes all drugs on ISDT's standard panel. Refer to www.IN.gov/isdt for a listing of drugs included. Unless notified otherwise, ISDT will select which specimen to analyze from specimens submitted.

SECTION 4 – TYPE OF CASE

Traffic	Non-Traffic	Involvement
<input type="checkbox"/> Fatal Crash <input type="checkbox"/> OVWI	<input type="checkbox"/> Homicide <input type="checkbox"/> Sexual Assault	<input type="checkbox"/> Driver <input type="checkbox"/> Victim
<input type="checkbox"/> PD Crash <input type="checkbox"/> PI Crash	<input type="checkbox"/> Neglect <input type="checkbox"/> Death Investigation	<input type="checkbox"/> Passenger <input type="checkbox"/> Accused
<input type="checkbox"/> SBI Crash	<input type="checkbox"/> Suicide <input type="checkbox"/> Other _____	<input type="checkbox"/> Pedestrian <input type="checkbox"/> Elderly
<input type="checkbox"/> Other _____	<input type="checkbox"/> Overdose	<input type="checkbox"/> Juvenile <input type="checkbox"/> 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	Date (MM/DD/YYYY)
Received From	Released To	Purpose	Time	Date (MM/DD/YYYY)
Received From	Released To	Purpose	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.

Contact ISDT: 550 W. 16th Street, Indianapolis, IN 46202 (T) 317-921-5000 (F) 317-925-9430