



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.
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SECTION 4 – TYPE OF CASE

Traffic	Non-Traffic	Involvement
Fatal Crash PD Crash SBI Crash Other _____	Homicide Neglect Suicide Overdose	Driver Passenger Pedestrian Juvenile
OVWI PI Crash	Sexual Assault Death Investigation Domestic Violence Other _____	Victim Accused Elderly 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