

CONSENT TO TOXICOLOGY

Patient Consent: Collection and Testing of Toxicology Evidence or Collection and Hold Evidence

Reporting Decision and Evidence Analysis must (must be 13 years or older. If under 13 years old, consent may be obtained from parent, guardian, law enforcement or DCFS) **Choose Option A and sign or B and initial the choice.**

_____ 's urine sample was collected on _____ at _____ a.m./p.m.
(Name of victim or **Law Enforcement Report #** if victim chooses not to provide personal information) (Date) (Time)

Option A: CONSENT TO TOXICOLOGY TESTING

I, _____, give permission for toxicology evidence collected at
(Victim (or if under 13 years), parent, guardian, law enforcement officer, or DCFS)

_____ on the date and time specified above during my medical
(Name of hospital)
forensic examination to be **released** to law enforcement for a toxicology screen to be conducted at a forensic laboratory. (RELEASE FOR TESTING) (Sign below if Option A is Chosen)

I consent to toxicology testing and understand that alcohol and all drug residues (legal and illegal) in the urine will be disclosed by this test and reported. I understand that this test is completely voluntary.

SIGNATURE: _____ **Date:** _____ **Time:** _____
(Victim (or if under 13 years), parent, guardian, law enforcement officer, or DCFS)

WITNESS: _____ **Date:** _____ **Time:** _____

OR

Option B: HOLD TOXICOLOGY EVIDENCE

I, _____, give permission for toxicology evidence collected at
(Report # (or if under 13 years), parent, guardian, law enforcement officer, or DCFS)

_____ on the date and time specified above during my medical
(Name of hospital)
forensic examination to be **held** by law enforcement. A toxicology screen **will not** be conducted at this time. I understand law enforcement is only required to hold the evidence for a minimum of 10 years or until the 28th birthday of a victim under the age of 18. (HOLD FOR TESTING)

Initial: _____ **Date:** _____ **Time:** _____
(Victim (or if under 13 years), parent, guardian, law enforcement officer, or DCFS)

RECEIPT OF EVIDENCE FOR TOXICOLOGY SCREEN

I certify that I received the urine specimen for the above named victim for the purposes of toxicology screening or holding. If consent for testing was granted, the evidence should be submitted to the forensic laboratory within 10 business days.

(Signature of officer receiving specimen) (ID # and rank) (Date) (Time)

Law Enforcement Agency: _____ Agency Phone: _____

Hospital representative releasing specimen: _____
(Printed name) (Signature)

Original to law enforcement case file, copy to hospital medical record, copy to patient.