Comprehensive Toxicology Testing Guidelines – (See Right Hand Corner Below)
Do Not Test Unless Indicated

REPORTED TO LAW ENFORCEMENT

- Testing Indicated
  - Informed Consent Discussed/ Testing Option Offered
    - Do Not Test
    - Patient does consent to testing
      - Urine Sample 60 cc’s
        - Blood Sample 2 gray top tubes
      - Do Not Test
  - Patient does not consent to testing
    - RCC Advocate for Support

- Informed Consent Discussed/ Testing Option Offered
  - Patient Consents to Testing
  - Patient does not consent to testing
    - Do Not Test
    - RCC Advocate for Support

NOT REPORTED TO LAW ENFORCEMENT

- Testing Indicated
  - Do Not Test
  - Pt still would like sample tested
    - Urine Sample 60 cc’s
      - Blood Sample 2 gray top tubes
    - Do Not Test

- Testing Contraindicated

Guidelines for Offering Testing

**Indicated**
- Amnesia or confused state with suspicions that she/he was sexually assaulted.
- Amnesia or confused state after minimal or no consumption of alcohol, or with no known consumption of mind-altering substances.
- Suspected ingestion of Sexual Assault Drugs within 72 hours of Emergency Department visit.

**Contraindicated**
- If patient presents after 72 hours of suspected ingestion.
- No signs or symptoms consistent with ingestion of Sexual Assault Drugs, i.e. no report of amnesia/loss of consciousness.
CONSENT FOR COMPREHENSIVE TOXICOLOGY TESTING

Examining Clinician:
Please ensure your patient reads the entire consent form and understands all segments before signing it to consent to toxicoology testing. All information must be reviewed with ample time given for the patient to have questions answered.

If the patient chooses to consent to the comprehensive toxicoology testing:
(1) Please complete the information requested below.
(2) Ensure your patient signs with her/his initials only where indicated on form.
(3) Print and sign your name only where indicated on form.

• Date of evidence collection: ______ / ______
• Time of evidence collection: ______ : ______  a.m.  p.m.
• Has the sexual assault been reported to law enforcement?  Yes  No  Not at this time
• Is the patient a smoker?  Yes  No
• Is the patient taking any prescribed medications?  Yes  No

If yes, names of drug(s):

Date and time drug(s) last taken: ______ / ______  ______ : ______  a.m.  p.m.
• Is the patient taking any over-the-counter drug(s)?  Yes  No

If yes, names of drug(s):

Date and time drug(s) last taken: ______ / ______  ______ : ______  a.m.  p.m.
(Conceptrices need not be listed)

Name of Hospital:__________________________

For the patient:
Please read the following and review each segment with your examining clinician. If you choose to consent to comprehensive toxicoology testing, please sign with your initials only on the page where indicated.

☐ I consent and authorize ______________________ (name of examiner) to obtain urine and blood samples for the purpose of detecting the presence of drugs or other substances that may have caused sedation and/or amnesia in the setting of a suspected sexual assault.

☐ I understand this sample must be obtained within 72 hours of ingestion.

☐ I understand that my samples will be transferred to the State Police Crime Laboratory and that information regarding the results of the drug testing may be released to the defense, prosecution, and other law enforcement officials.

☐ The drug test that I consent to will include a full toxicoology panel which may detect any substances, medications, or drugs, both legal and/or illegal (such as marijuana, cocaine, alcohol, amphetamines, barbiturates, opiates, antidepressants, antihistamines, and others) that may have been taken in the weeks prior to the assault.

☐ Once I report the assault to law enforcement officials, law enforcement officials will have access to my test results even if I change my mind about voluntary participation in prosecution of the assailant(s).

☐ I understand that this blood and urine sample will be tested and will be discarded within 6 months of this evidence collection.

☐ If I have reported this assault to the police, the results will be available to law enforcement officials within approximately 6 weeks of testing. I understand that I must contact the victim witness advocate from the District Attorney’s office working on my case if I want to find out these test results.

☐ If I have not reported this assault to the police, the results will be available to a confidential service approximately six weeks after testing. The service will receive my kit number and test result but not my name or any other identifying information. I understand that I must contact the confidential service listed under the aftercare instructions on the Treatment and Discharge form, and provide my kit number if I want to find out these test results.

☐ I have discussed toxicoology testing with the medical provider and have had an opportunity to ask questions and discuss concerns.

[Signature]

Printed name of clinical provider or S.A.N.E.

[Signature]

If applicable, certified S.A.N.E. number of the examiner

REMEMBER: COTTES/CBSA