



**Cuyahoga County Regional Forensic Science Laboratory  
11001 Cedar Avenue, Cleveland, Ohio (216) 721-5610  
Toxicology Department**

**Instructions for Specimen Collection for Testing under the Ohio Department of Health,  
Alcohol and Drug Testing Program**

**For Blood:**

1. Prepare the area by cleaning the skin with an aqueous solution of a non-volatile antiseptic. No alcohol based preparations should be used.
2. Draw the blood with a sterile dry needle into a Gray Top [potassium oxalate] tube. Please note: The Gray top tube is required for forensic purposes.
3. For alcohol testing, fill **one 4-5mL** vacuum container. For drug screening, fill **four 4-5mL** vacuum containers.
4. Label each tube with name of donor, date and time of collection, and name or initials of collector.
5. Put evidence tape over the top of the tube to seal. Label the evidence tape with the name or initials of person sealing the sample.

**For Urine:**

1. Collect urine in a clean glass or plastic screw top container.
2. Collection of urine into the container must be witnessed. Collect approximately **20 mL**.
3. Label each tube with name of donor, date and time of collection, and name or initials of collector.
4. Put evidence tape over the top of the tube to seal. Label the evidence tape with the name or initials of person sealing the sample.

**Place all items into biohazard bags or Styrofoam containers to prevent breakage during transit. When not in transit the specimens must be refrigerated.**

**Checklist:**

- Specimen container labeled with donor's name
- Specimen container labeled with date and time of collection
- Specimen container labeled with name or initials of collector
- Specimen container sealed with evidence tape
- Seal on Specimen container contains initials of person sealing sample

I \_\_\_\_\_ of \_\_\_\_\_  
Print Nurse/Phlebotomist name Name of Hospital/Clinic

Acknowledge receipt of these instructions for collection of specimens for the purpose of testing in the State of Ohio.

Signed \_\_\_\_\_ on \_\_\_\_\_  
Nurse/Phlebotomist Date

\_\_\_\_\_ on \_\_\_\_\_  
Police Officer Date