



Cuyahoga County Regional Forensic Science Laboratory
 11001 Cedar Avenue, Cleveland, Ohio 44106
 (216) 721-5610
Toxicology Testing Request Form

CCRFSL Office Use Only

Requesting Agency:		Phone Number:	
Released From: Print Name	Received by: CCRFSL	Date (MM/DD/YR)	Time
	Print Name	____ / ____ / ____	____:____ AM
Sign Name	Sign Name		____:____ PM
Name on Specimen:			

Specimen Type	Number of specimens	Defendant's/Victim's name on specimens?	Specimen containers sealed?	Collector's initials on specimens?	Sealer's initials on specimens?	Date and Time Collected:
*Blood		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Urine		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

** Collect 20 mL of whole blood in gray top tubes for Police Departments.*

Testing Panels (Please check only ONE testing panel in addition to the Alcohol Panel):

<input type="checkbox"/>	Alcohol Panel. Ethanol (Ethyl Alcohol) and other Volatiles.
<input type="checkbox"/>	Drugs of Abuse Panel: Blood ELISA Screen for Opiates, Amphetamine, Barbiturates, Benzodiazepines, Cannabinoids, Carisoprodol, Cocaine, Fentanyl, Methamphetamine, Oxycodone, PCP, TCA, Methadone & GC/MS Confirmation of positives.
<input type="checkbox"/>	Drugs of Abuse Panel: Urine EMIT Screen and GC/MS Screen & Confirmation for Amphetamines, Benzodiazepines, Cannabinoids, Cocaine, Opiates, and PCP.
<input type="checkbox"/>	Comprehensive Drug Panel: Blood and/or Urine. Includes: The Alcohol Panel, Drugs of Abuse Panel for Blood, Drugs of Abuse Panel for Urine and Sedative and Hypnotic drugs. Includes most Therapeutic Drugs and compounds.
<input type="checkbox"/>	"DFSA" Drug-Facilitated Sexual Assault Drug Panel: Blood and/or Urine. Includes: The above "Comprehensive Drug Panel" with additional Benzodiazepine & GHB. analysis.
<input type="checkbox"/>	Other Requests:

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Released From:	Received By:	Transfer Codes	Date	Time
Print Name	Print Name		____ / ____ / ____	____:____ AM
Sign Name	Sign Name			____:____ PM
Print Name	Print Name		____ / ____ / ____	____:____ AM
Sign Name	Sign Name			____:____ PM
Print Name	Print Name		____ / ____ / ____	____:____ AM
Sign Name	Sign Name			____:____ PM
Print Name	Print Name		____ / ____ / ____	____:____ AM
Sign Name	Sign Name			____:____ PM

A - To Tox Staff for Accessioning B - To Personnel for Handling/Transport. C - To Refrigeration D - To Disposal E - To Storage