



Drug Facilitated Sexual Assault Forensic Laboratory Information Form

Patient's Name: _____

Patient's Height (approximate): _____ Weight (approximate): _____

Did the patient experience unconsciousness and for how long? _____

Date and time of the Alleged Drugging: _____

Specimen Collection:

Blood (2 gray top tubes): Date: _____ Time: _____

Urine (bottle): Date: _____ Time: _____ cc's collected: _____

Since the incident, how many times did the patient void prior to this collection? _____

How much alcohol did the patient consume? _____ Type of alcohol? _____

Please circle "Hx" (patient history) or "Obs" (observed by examiner). Circle both, if appropriate.

Table with 5 columns: Disturbance of Consciousness, Memory Impairment, Neurological, Psycho physiological, GI/GU. Rows include symptoms like Drowsiness, Sedation, Stupor, Loss of Consciousness, Paralysis, Seizures, Pupil Size, Excitability, Aggressive Behavior, Sexual Stimulation, Loss of Inhibitions, Hallucinations, Dissociation, Nausea, Vomiting, Diarrhea, Incontinence.

List any drugs taken prior to and after the incident, include recreational, prescription, and OTC drugs.

Table with 5 columns: Name, Date, Time, Amount. Rows for 'Prior to incident' and 'After incident'.

Medical Provider: _____ Date: _____ Time: _____

Distribution: Original in Part B Kit box; Copy in patient medical record