

**SAN DIEGO POLICE DEPARTMENT  
FORENSIC SCIENCE SECTION**

<b>SEX CRIMES TOXICOLOGY REQUEST</b>				
Unit/M.S.		Case No.	Today's Date	
Subject's LAST Name		Subject's First Name		Subject's DOB
Detective's Name		Phone	Sergeant's Name	
Property Tag No.		Blood Alcohol No.	Urine Alcohol No.	
Date/Time of Assault		Date/Time of Forensic Examination		Number of Hours Between Incident and Sample Collection
<b>BLOOD</b> BA result, if known: _____		<b>FIRST VOID URINE</b> TIME: _____		<b>SECOND VOID URINE</b> TIME: _____

**SUBJECT SYMPTOMS**

**Please circle: A: Patient History B: Observed A&B: Both**

Disturbance of Consciousness	Memory Impairment	Neurological	Psychophysiological	GI/GU
Drowsiness A      B	Confusion A      B	Muscle relaxation A      B	Excitability A      B	Nausea A      B
Sedated* A      B	Memory Loss A      B	Dizziness A      B	Aggressive behavior A      B	Vomiting A      B
Stupor A      B		Weakness A      B	Sexual stimulation A      B	Diarrhea A      B
Loss of Consciousness A      B		Slurred Speech A      B	Loss of inhibitions A      B	Incontinence Urine/Feces A      B
		Paralysis A      B	Hallucinations A      B	
		Seizures A      B	Dissociation A      B	
		Pupil Size Reaction: _____		

How long was the subject unconscious: \_\_\_\_\_

Date and time of suspected ingestion: \_\_\_\_\_

How many times did the subject void prior to the urine collection? \_\_\_\_\_

How much alcohol did the subject consume? \_\_\_\_\_

Type of alcohol: \_\_\_\_\_

*Name of drugs taken (recreational, prescription or over the counter)	Last dose:
	Date:      Time:
	Date:      Time:

**BASED ON HISTORY AND SYMPTOMS, SELECT DRUG PANEL(S):**

General Drugs (Urine)	Amphetamines	Cocaine	Opiates	Phencyclidine
	Benzodiazepine	Marijuana		
Prescription Drugs (Urine)	Chlorpheniramine	Orphenadrine	Carisoprodol	Diphenhydramine
	Amitriptyline	Desipramine	Brompheniramine	Meprobamate
	Imipramine	Dextromethorphan	Methaqualone	Lidocaine
	Meperidine	Barbiturates	Thioridazine	Verapamil
Specialized Sex Crimes (Urine)	Barbiturates	Soma	Ketamine	Rohypnol
	GHB	Scopolamine		
Sergeant's Approval Required				
Other (Urine)	Specify:			
Alcohol (Blood)				