CUYAHOGA COUNTY REGIONAL FORENSIC SCIENCE LABORATORY

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

Instructions for Specimen Collection for Testing under the Ohio Department of Health, Alcohol and Drug Testing Program (see also OAC 3701-53-06, rev January 23, 2023 or later)

(A) All samples are to be collected in accordance with section 4511.19 or section 1547.11 of the Revised Code, as applicable.

(B) When collecting a blood sample, an aqueous solution of a non-volatile antiseptic will be used on the skin. No alcohols are to be used as an antiseptic. To assure comprehensive toxicology testing can be performed, aim to **collect 20 mL of blood**.

(C) Blood is to be drawn with a sterile dry needle into a vacuum container into a Gray Top [potassium oxalate/sodium fluoride] tube: The Gray Top tube is preferred for forensic purposes.

(D) The collection of a urine specimen will be witnessed to assure that the sample can be authenticated. Urine is to be deposited into a clean glass or plastic screw top container and capped. To assure comprehensive toxicology testing can be performed, aim to **collect 20 mL of urine**.

(E) Blood and urine containers are to be sealed in a manner such that tampering can be detected and have a label which contains at least the following information:

(1) Name of subject;
(2) Date and time of collection;
(3) Name or initials of person collecting the sample; and
(4) Name or initials of person sealing the sample.

(F) While not in transit or under examination, all blood and/or urine MUST be refrigerated.

Place all items into biohazard bags or Styrofoam containers to prevent breakage during transit.

NOTE: The CCMEO/CCRFSL does NOT accept oral fluid specimens at this time.

Checklist:

- □ Specimen container labeled with subject'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 (or appropriate alternative for tampering detection)
- □ 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