



# Cuyahoga County Regional Forensic Science Laboratory

11001 Cedar Avenue, Cleveland, Ohio 44106  
 (216) 721-5610 or tox-admin@cuyahogacounty.us

## Toxicology Testing Request Form

CCRFSL Case Number
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Submitting Agency:		Agency Case No:	
Submitting Officer:		Submission Date:	
Investigating Officer/ Contact Person:		Phone Number:	
Contact E-mail:			

Name(s) on Specimen:										
Specimen Type	Number of specimen containers	Subject's name on specimens?		Specimen containers sealed?		Collector's initials on specimens?		Sealer's initials on specimens?		Date and Time of Collection
Blood*		Yes	No	Yes	No	Yes	No	Yes	No	
Urine*		Yes	No	Yes	No	Yes	No	Yes	No	
Other		Yes	No	Yes	No	Yes	No	Yes	No	

\*Police Departments: Collect 20 mL of whole blood in gray top tubes and/or 120 mL of urine.

### Alcohol and Drug Testing Panels

	<b>Alcohol Panel on <u>Blood</u> and/or <u>Urine</u>:</b> Ethanol (Ethyl Alcohol) and other Volatiles
	<b><u>Blood</u> and/or <u>Urine</u> Drugs of Abuse Screen:</b> ELISA Screen for Opiates, Amphetamine, Barbiturates, Cocaine, Benzodiazepines, Cannabinoids, Carisoprodol, Fentanyl, Methamphetamine, Oxycodone, PCP, Tricyclic Antidepressants, Methadone, Zolpidem and Buprenorphine with confirmation of positive results as applicable
	<b>Comprehensive Drug Panel on <u>Blood</u> and/or <u>Urine</u>:</b> Includes the Alcohol Panel, Drugs of Abuse Screen, and additional screening (Panel targets select prescription medications, abused drugs and other substances)
	<b>"DFSA" Drug Facilitated Sexual Assault Drug Panel on <u>Blood</u> and/or <u>Urine</u>:</b> Includes the Comprehensive Drug Panel above with additional screening and Benzodiazepines analysis **GHB must be requested separately below**
	<b>Special Request(s):</b> Please list below specific drugs, medications or substances (e.g. GHB). Requests that are out of scope for the CCRFSL may need to be sent to an external reference laboratory for analysis, which may require reimbursement by the requesting agency. Contact the CCRFSL for guidance.
List suspected drugs, medications or substances:	
Comments:	

Information Provided by:

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Date

For questions on scope of testing, refer to: <https://cuyahogacounty.gov/medical-examiner/departments/toxicology>