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

By submitting evidence to CCRFSL, the agency agrees to the use of a simplified report. The simplified report does not contain the laboratory activity dates; these dates are maintained in laboratory case records.

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

☐	**Alcohol Panel on Blood and/or Urine:** Ethanol (Ethyl Alcohol) and other Volatiles
☐	**Blood and/or Urine Drugs of Abuse Screen:** 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
☐	**Comprehensive Drug Panel on Blood and/or Urine:** Includes the Alcohol Panel, Drugs of Abuse Screen, and additional screening (Panel targets select prescription medications, abused drugs and other substances)
☐	**"DFSA" Drug Facilitated Sexual Assault Drug Panel on Blood and/or Urine:** Includes the Comprehensive Drug Panel above with additional screening and Benzodiazepines analysis **GHB must be requested separately below**
☐	**Special Request(s):** 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