FLORIDA DEPARTMENT OF LAW ENFORCEMENT
TOXICOLOGY SERVICES
Sexual Assault Work Request Form

VICTIM'S NAME: ____________________________________________

DATE/TIME OF ASSAULT: ________________________________ AM  PM

CASE DETAILS: (AND/OR ATTACH INVESTIGATIVE REPORT)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

LIST OF DRUGS TAKEN BY VICTIM:
______________________________________________________________
______________________________________________________________

VICTIM SYMPTOMS:
☐ DROWSINESS ☐ CONFUSION
☐ LOSS OF CONSCIOUSNESS ☐ MEMORY LOSS
☐ NONE OF THE ABOVE
☐ OTHER: ________________________________________________________

SAMPLES COLLECTED:
☐ BLOOD date/time collected: ________________________________ AM  PM
☐ URINE date/time collected: ________________________________ AM  PM
*Note: Collect two 10mL gray top blood tubes & 60mLs of urine in leakproof container.

WERE THE SAMPLES REFRIGERATED WITHIN 24 HOURS OF COLLECTION? ☐ YES ☐ NO

INVESTIGATOR NAME: __________________________ PHONE #: _______________________
(please print)

NURSE NAME: __________________________ PHONE #: _______________________
(please print)

For any questions, please contact your nearest FDLE laboratory: Tallahassee 800-641-4627, Orlando 800-226-8521