

**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)