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 (*print*): _____ PHONE #:_____

EMAIL ADDRESS: _____ DATE: _____

NURSE NAME (*print):* _____ PHONE #:_____

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