

ALCOHOL AND DRUG DETERMINATION

Not to Be Used for Submission of Defendant's Personal Sample for Alcohol or Drug Analysis

AGENCY INFORMATION									
Investigating Agency						Originating Agency Identifier (ORI)			
Agency Mailing Address						County of Jurisdiction			
Agency Telephone Number			Agency/Officer Email for Lab Reports						
Investigating Officer Printed Name			Officer Signature			Badge Number			
INCIDENT INFORMATION									
Incident Number			Date of Incident			Time of Incident			
						AM		PM	
Subject First Name		Subject Last Name		Driver's License (DL) Number		DL State	Date of Birth		
Gender	Living	Cause of Death		Driver	Passenger	Pedestrian			
Male	Female	Deceased		Suspect	Victim	Other			
FILE CLASS									
5400-1 Accident, Hit & Run Fatality		0900-1 Homicide		9500-1 Accident, Fire					
5400-2 OWI Fatality		0900-3 Negligent Homicide		9800-7 Suspicious Situation					
9300-1 Accident, Traffic Fatality		1100 Criminal Sexual Conduct		9800-9 Drug Overdose					
		5200-1 Weapon Offense		9900-1 Suicide					
		3500-1 Violation of Controlled Substances Act		9900-2 Natural Death					
		4100-1 Liquor License Violation		9900-8 General Assistance					
		4100-2 Open Intoxicant		Other File Class					
Request for Laboratory Examination:			Alcohol	Drugs		Other			
List Suspected Drugs (For OWI, CSC, Death cases)							Drug Recognition Evaluation		
Comments (Behavior of Subject, etc.)					Preliminary Breath Test (PBT)				
					Date		Time		Result
SAMPLE COLLECTION INFORMATION									
Medical Facility Name				Date of Collection					
Printed Name of Person Taking Samples				Tube 1 Blood Other		Time of Collection			
						AM		PM	
Signature of Person Taking Samples				Tube 2 Blood Other		Time of Collection			
						AM		PM	
Additional Remarks				Bottle 1 Urine Other		Time of Collection			
						AM		PM	
				Bottle 2 Urine Other		Time of Collection			
						AM		PM	

This Kit Is Not Intended to Be Used for DNA Analysis

Form Instructions on Reverse

White Copy – Submit with Kit, Yellow Copy – Retain by Agency

FORM INSTRUCTIONS

General

- This form is not to be used for submission of defendant's personal sample for alcohol or drug analysis, nor is this kit intended to be used for DNA testing.
- By submitting evidence for alcohol and drug determination to the laboratory, you agree to the workflow selected by the Toxicology Discipline. The Toxicology Discipline reserves the right to select and use the most appropriate testing method(s) and protocol(s).
- Please see <https://www.michigan.gov/msp/divisions/forensic-science/news-and-information> for details about simplified reporting.
- Please check all appropriate boxes and write legibly and completely.

Agency Information

In the appropriate fields, provide the name, ORI, address, and telephone number of the investigating agency. Also, supply the county of jurisdiction. Additionally, provide the agency or officer email address to which laboratory reports should be transmitted. Indicate the name of the investigating officer, badge number, and provide officer's signature.

Incident Information

- Record the incident number (also known as complaint number) and date and time of incident in the appropriate fields.
- Provide subject information. Provide all letters and digits of the driver's license number, and record subject's date of birth. Check all appropriate boxes describing subject.
- Check all appropriate file class boxes. If investigating a fatal accident, please indicate as much by marking the "Fatality" check box in addition to any other boxes marked. If file class is not listed, please record the appropriate file class under "Other_____".
- List any suspected drugs when applicable. Note subject behavior and PBT results when applicable."

GUIDELINES FOR SAMPLE COLLECTION

Please record completely the date, time, and personnel drawing the samples.

For Blood Samples

To Physician or other Qualified Medical Person

1. Do not use alcohol or alcoholic solution to sterilize skin surface, needle, or syringe.
2. Draw two tubes of venous blood from subject in presence of a law enforcement officer and tell the subject **IN THE OFFICER'S PRESENCE** that no alcohol was used in sterilizing the skin surface, needle, or syringe.
3. Slowly invert blood collection tube(s) enough times to distribute the sodium fluoride/potassium oxalate preservative.
4. In ink, complete blood specimen labels by entering name of subject, date and time of blood collection, and your name.
5. In the presence of subject, hand tube(s) of blood and label(s) to law enforcement officer for signing, packaging, and transfer to the laboratory.

To Law Enforcement Officer

6. Review accompanying information sheet and be sure all information is supplied before sealing and mailing.
7. Record your name on the blood tube labels. Affix labels, lengthwise, to the tubes. **DO NOT** place labels over the top of tubes.
8. For mailing protection, place the tubes into the cardboard holder from which they were taken. Seal the tubes and holder in zippered plastic bag, and then place the bag with the samples into the cardboard mailing container.
9. Complete the FSD-093 and place first and second copies of the form into the mailing container. Seal the container with the provided seal. Mail the sealed container using First Class Mail.

For Urine Samples

To Law Enforcement Officer

1. **THE URINE SAMPLE SHALL BE COLLECTED IN THE PRESENCE OF AN OFFICER** to be certain the subject does not contaminate the specimen and to ensure that the subject **EMPTIES THE BLADDER**.
2. The urine test requires the subject to provide **TWO SAMPLES** collected at least **30 MINUTES APART**. The urine samples shall be collected in separate bottles and identified as **Bottle 1** and **Bottle 2**.
3. **Bottle 1: SUBJECT EMPTIES BLADDER** into one bottle.
4. **WAIT at least 30 minutes.**
5. **Bottle 2: SUBJECT EMPTIES BLADDER** into second bottle.
6. **TIGHTEN CAPS FIRMLY.** Complete urine bottle labels by entering name of subject, date and times of urine collection, and your name on the label and affix the labels to the bottles. Seal bottles in zippered plastic bag, and then place bag with the samples into the cardboard mailing container. Complete the FSD-093 and place first and second copies of the form into the mailing container. Seal the container with the provided seal. Mail the sealed container using First Class Mail.

For Other Samples

The two bottles may be used for liquid samples other than urine (e.g., a beverage for open intoxicants).