

CONSENT TO TOXICOLOGY

This consent will be void if not signed and witnessed within 30 days after collection of urine sample.

_____’s urine sample was collected on _____ at _____ am/pm
(Name of Victim) (Date) (Time)

I, _____, authorize the Northeastern Illinois Regional Crime
(Victim, or in under 13 years, parent , guardian , law enforcement officer , DCFS)
Laboratory to conduct a toxicology screen on _____’s urine sample
(Name of victim)
collected at _____ on the date and time specified above.
(Name of hospital)

I understand that alcohol and all drug residues (legal and illegal) in the urine will be disclosed by this test and reported. I understand that this test is completely voluntary.

SIGNATURE: _____ Date: _____ Time: _____
(Victim, or in under 13 years, parent , guardian , law enforcement officer , DCFS)

WITNESS: _____ Date: _____ Time: _____

Part Two: RECIEPT OF EVIDENCE FOR TOXICOLOGY SCREEN

I certify that I received the urine specimen from the above-named victim for the purposes of toxicology screening. I am aware that the victim, parent, or guardian may consent to the toxicology screening any time within 30 days of the sample collection.

_____ _____ _____ _____
(Signature of officer receiving specimen) (ID # and rank) (Date) (Time)

Law enforcement agency: _____ Agency Phone: _____

Hospital representative releasing specimen: _____
(Printed name and signature)

This revocation will be void if not signed within 48 hours after the Part One consent is signed.

**Part Three: REVOCATION OF CONSENT FOR TOXICOLOGY SCREEN
(DO NOT FILL OUT THIS SECTION UNLESS CONSENT IS BEING WITHDRAWN)**

I, _____, revoke my consent for the Northeastern Illinois Regional
(Victim, or in under 13 years, parent , guardian , law enforcement officer , DCFS)
Crime Laboratory to conduct a toxicology screen on _____’s urine sample
(Name of victim)
collected at _____ on the date and time specified above.

(Name of hospital)

SIGNATURE: _____ Date: _____ Time: _____
(Victim, or in under 13 years, parent , guardian , law enforcement officer , DCFS)

WITNESS: _____ Date: _____ Time: _____

Investigator must immediately notify the Northeastern Illinois Regional Crime Lab if consent is revoked.