



COMMONWEALTH of VIRGINIA

DEPARTMENT OF FORENSIC SCIENCE

OFFICE OF THE DIRECTOR
A Nationally Accredited Laboratory

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NOTICE OF DFS POLICY CHANGE

To: All Agencies Served by Department of Forensic Science Laboratories
From: Linda C. Jackson, Director 
Date: May 27, 2016
RE: DUI/DUID TESTING PROTOCOL FOR BLOOD SAMPLES IN IMPLIED CONSENT CASES

Effective May 31, 2016, the Department of Forensic Science (DFS) Toxicology Section will be implementing a new protocol for testing blood samples in implied consent cases. The DUI/DUID protocol is designed to identify alcohol and drugs that can impair driving using two levels of testing as delineated in the table below. Additional testing may be conducted if specifically requested or at the discretion of a DFS toxicologist. The new protocol incorporates an expanded immunoassay screening panel (new drugs are underlined in the table below) and allows for a more streamlined analysis process.

Level I	Blood Alcohol Testing		
Level II	DUID Screening Panel (Immunoassay) includes:		
	-Barbiturates	-Methamphetamine/MDMA	<u>-Dextromethorphan</u>
	-Benzodiazepines	-Opiates	<u>-Diphenhydramine</u>
	-Carisoprodol/meprobamate	-Oxycodone/oxymorphone	<u>-Tramadol</u>
	-Cocaine/Benzoyllecgonine	-Phencyclidine (PCP)	<u>-Tricyclic antidepressants</u>
	-Fentanyl	-Cannabinoids	
	-Methadone	-Zolpidem	

Testing Protocol

Step 1: Level I Blood Alcohol Testing:

- All samples are analyzed for ethanol
- If ethanol is $\geq 0.100\%$ by weight by volume, testing is discontinued and the results are reported. The Certificate of Analysis will state that "No other analyses were performed."
- If ethanol is $< 0.100\%$ by weight by volume, the results are included in the report and the analysis continues with Step 2.

Step 2: Level II Drug Screening, Confirmation, and Quantitation:

- If no drugs or drug classes are detected, the results are reported.
- If any drug or drug class is tentatively present, the sample undergoes confirmatory analysis for drug identification and quantitation, as necessary.

For questions regarding this policy, please contact the Supervisory Toxicologist at the DFS Laboratory that provides service to your agency:

- Central Laboratory – Dr. Jayne Thatcher (804-588-4191)
- Eastern Laboratory – Dr. Connie Luckie (757-355-5847)
- Northern Laboratory – Dr. Carol O’Neal (703-334-9739)
- Western Laboratory – Dr. James Kuhlman (540-283-5924)

Example Report Wording Resulting from Each Scenario

Scenario 1: Blood alcohol level was greater than 0.100% by weight by volume.

Blood Alcohol Content 0.120% by weight by volume

No other analyses were performed.

See attached document for Uncertainty of Measurement reporting.

Supporting examination documentation is maintained in the case file.

Scenario 2: Blood alcohol level was less than 0.100% by weight by volume and oxycodone was present and quantified.

Blood Alcohol Content 0.025% by weight by volume

Oxycodone 0.12 mg/L

The following substances were not detected:

Cocaine/Benzoylecgonine

Methamphetamine/MDMA

Phencyclidine

Barbiturates

Benzodiazepines

Carisoprodol/Meprobamate

Fentanyl

Methadone

Cannabinoids

Zolpidem

Diphenhydramine/Cyclobenzaprine

Dextromethorphan

Tramadol

Amitriptyline/Nortriptyline

No other analyses were performed.

See attached document for Uncertainty of Measurement reporting.

Supporting examination documentation is maintained in the case file.

Scenario 3: Blood alcohol level was less than 0.100% by weight by volume and no drugs or drug classes screened positive.

Blood Alcohol Content 0.025% by weight by volume

The following substances were not detected:

- Cocaine/Benzoylecgonine**
- Opiates**
- Methamphetamine/MDMA**
- Phencyclidine**
- Barbiturates**
- Benzodiazepines**
- Carisoprodol/Meprobamate**
- Fentanyl**
- Methadone**
- Cannabinoids**
- Zolpidem**
- Diphenhydramine/Cyclobenzaprine**
- Dextromethorphan**
- Tramadol**
- Amitriptyline/Nortriptyline**

No other analyses were performed.

See attached document for Uncertainty of Measurement reporting.

Supporting examination documentation is maintained in the case file.