

Toxicology Summary Worksheet - ELISA

NAME: _____ Agency ID#: _____ FS#: _____

Cont. #: _____ SPLB/ SENV/ SBX / Other () Opened by: _____ on ___/___/___

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Specimens: Blood () _____ Vitreous _____ Urine _____
 Blood () _____ Liver _____ Bile _____
 Other () _____ Gastric _____ CSF _____

Notes:

Analysts: (fill in section member initials here for circling)

<input type="checkbox"/> Volatiles:	<input type="checkbox"/> Blood ()	<input type="checkbox"/> Vitreous ()	<input type="checkbox"/> Urine ()	<input type="checkbox"/> Other ()
Ethanol	_____	_____	_____	_____
Acetone	_____	_____	_____	_____
Other ()	_____	_____	_____	_____

Carbon Monoxide: Blood () UV/VIS: GT/ ND / = ~ _____ % saturation

Review after: EtOH / ELISA / OTHER () By: _____ on ___/___/___

<input type="checkbox"/> Immunoassay:	<input type="checkbox"/> Drug Quants: Concentration (mg/L)
<input type="checkbox"/> Blood () <input type="checkbox"/> Other ()	Drug: _____ Item () Item () Item () Method
<input type="checkbox"/> Abused <input type="checkbox"/> Tox	_____
<input type="checkbox"/> DUID <input type="checkbox"/> X	_____
BE ND / pending	_____
Opiates ND / pending	_____
Oxycodone ND / pending	_____
Methamp ND / pending	_____
PCP ND / pending	_____
Fentanyl ND / pending	_____
Methadone ND / pending	_____
Barbs ND / pending	_____
Benzos ND / pending	_____
Cariso ND / pending	<input type="checkbox"/> Drug Screen: Base / A/N Item () Item () Item () Method
Zolpidem ND / pending	Notes:
BUP ND / pending	_____
THC-COOH ND / pending	_____
DPH ND / pending	_____
DXM ND / pending	_____
Tram ND / pending	Item Statements: Item () Item () Item ()
TCA ND / pending	No drugs and/or drug classes were detected. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
AMP ND / pending	No drugs and/or drug classes were confirmed. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
APAP ND / pending	No other drugs and/or drug classes were detected. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ASA ND / pending	No other drugs and/or drug classes were confirmed. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Case Examined by: _____ Date: _____ Evidence Sealed by: _____ Date: _____

Testing Start Date: _____ Notes: _____ Return Code: _____