

## Toxicology Summary Worksheet - ELISA Two Items

NAME: \_\_\_\_\_ Agency ID#: \_\_\_\_\_ FS#: \_\_\_\_\_

Cont. #: \_\_\_\_\_ SPLB/ SENV/ SBX / Other ( ) Opened by: \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_

Cont. #: \_\_\_\_\_ SPLB/ SENV/ SBX / Other ( ) Opened by: \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

Immunoassay:

Blood ( )  Other ( )

Abused  Tox

DUID  X

Item:	_____	_____
BE	ND / Pend	ND / Pend
Opiates	ND / Pend	ND / Pend
Oxycodone	ND / Pend	ND / Pend
Methamp	ND / Pend	ND / Pend
PCP	ND / Pend	ND / Pend
Fentanyl	ND / Pend	ND / Pend
Methadone	ND / Pend	ND / Pend
Barbs	ND / Pend	ND / Pend
Benzos	ND / Pend	ND / Pend
Cariso	ND / Pend	ND / Pend
Zolpidem	ND / Pend	ND / Pend
BUP	ND / Pend	ND / Pend
THC-COOH	ND / Pend	ND / Pend
DPH	ND / Pend	ND / Pend
DXM	ND / Pend	ND / Pend
Tram	ND / Pend	ND / Pend
TCA	ND / Pend	ND / Pend
AMP	ND / Pend	ND / Pend
APAP	ND / Pend	ND / Pend
ASA	ND / Pend	ND / Pend

Drug Quants:	Concentration (mg/L)			Method
Drug:	Item ( )	Item ( )	Item ( )	

Drug Screen: Base / A/N Item ( ) Item ( ) Item ( ) Method

Notes:

Item Statements:	Item ( )	Item ( )	Item ( )
No drugs and/or drug classes were detected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No drugs and/or drug classes were confirmed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No other drugs and/or drug classes were detected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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: \_\_\_\_\_