

## Toxicology Summary Worksheet - ELISA

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

<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	_____
Zolpidem ND / pending	_____
BUP ND / pending	_____
THC-COOH ND / pending	_____
DPH ND / pending	_____
DXM ND / pending	_____
Tram ND / pending	_____
TCA ND / pending	_____
AMP ND / pending	_____
APAP ND / pending	_____
ASA ND / pending	_____

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Drug Screen: Notes: \_\_\_\_\_  
 Method (Item)  
 Base ( )  
 A/N ( )  
 FentDeriv ( )  
 \_\_\_\_\_ ( )

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: \_\_\_\_\_