

Drug Facilitated Sexual Assault Testing Consent Form



Rhode Island Department of Health Laboratories Forensic Sciences Section
50 Orms Street
Providence, Rhode Island 02904

Examining Clinician or Law Enforcement Officer

Please ensure that the subject reads the entire consent form and understands all sections before giving her/his consent to toxicology testing. Ample time should be allowed to answer the subject's questions.

- If the subject chooses to consent to toxicology testing:
(1) Complete the information requested below.
(2) Ensure that the subject signs the form.
(3) Print and sign your name.

Date of evidence collection:
Time of evidence collection:
Has the sexual assault been reported to law enforcement officials?

Name of Hospital or Police Department:

Subject:

Please read the following and review with the examining clinician or law enforcement officer. If you choose to consent to toxicology testing, please sign where indicated.

- I understand that the toxicology test is designed to detect substances that I may have ingested that cause sedation and/or amnesia in the setting of a suspected sexual assault (such as marijuana, cocaine, alcohol, amphetamines, barbiturates, opiates, antidepressants, antihistamines, etc.). I understand, also, that the test may detect other substances - both legal and illegal - that I may have ingested in the weeks prior to the assault. (Please note that the detection of illegal substances from the toxicology testing will not result in the filing of criminal charges against the subject as this is not permitted under the law.)
I understand that for best results this sample should be obtained within 72 hours of ingestion of the substance.
I understand that my samples will be transferred to the Rhode Island Department of Health for analysis and that information regarding the results of the testing may be released to the defense, prosecution, and law enforcement officials.
I understand that this blood and urine sample will not be tested and will be discarded, if I do not report this assault to law enforcement officials within 6 months of this evidence collection.
If I report the assault to law enforcement officials, they will have access to my test results even if I change my mind about voluntary participation in prosecution of the assailant(s).
I have discussed toxicology testing with the examining clinician or law enforcement officer and have had an opportunity to ask questions and discuss concerns.

I (print subject name) consent and authorize (print name of sample collector) to obtain urine and blood samples from me for the purpose of having toxicology testing conducted to detect the presence of medications or drugs.

Signature of Subject

Date

Signature of Collector

Date