

E1

REFERENCES

Police Reference	Laboratory Use Only
Blood/Urine Kit Bar Code Label	

E2

ANALYSIS REQUIRED & CASE DETAILS

TICK ALL BOXES REQUIRED	FATAL or POSS FATAL * YES / NO
Sec 5A Excess Drugs (See note (i)) <input type="checkbox"/>	DATE SUBJECT BAILED TO / /
Sec 4 Impairment Standard Drugs(See note (ii)) <input type="checkbox"/>	
Sec 4 Impairment Other Drugs(See note (iii)) <input type="checkbox"/>	
Alcohol (See note (iv)) <input type="checkbox"/>	

- (i) This relates to an investigation into ‘Excess Specified Drugs’ contrary to section 5A RTA 1988. Specimens should be refrigerated and transported to the analysing laboratory in a chilled condition. A full 5ml vial should be submitted if possible
- (ii) This relates to an investigation into Driving whilst impaired through drugs contrary to sec 4 RTA and will be confined to those drugs routinely screened for a standard analysis—this may vary.
- (iii) This relates to an investigation into Driving whilst impaired through drugs contrary to sec 4 RTA where a drug not part of the standard panel is suspected. Any such dug suspected should be recorded at E8
- (iv) Alcohol analysis may only be requested where it has not been possible to obtain an evidential breath specimen under the RTA (or similar legislation for other modes of transport) for some legitimate reason.

E3

RELEVANT DETAILS

Name of Subject

Age: Gender

Investigating Officer:

Force and Station: Tel No:

email address

Doctor or Health Care Professional:

Time and date of incident

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 hours/...../.....date

Time and date sample taken

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 hours/...../.....date

E4 GENERAL GUIDANCE

- (i) Any interview of a suspect to obtain information for the completion of this form must be conducted in accordance with the provisions of the Police and Criminal Evidence Act 1984.
- (ii) Because of the large number of drugs affecting behaviour or driving performance, their low concentration in body fluids and the limited volume of the specimen obtained from a living subject, it is important that as much information as possible is provided to the laboratory concerning symptoms, behaviour and case circumstances.
- (iii) If the offer of part of a specimen is declined by the accused, **both** parts should be forwarded to the laboratory.
- (iv) Solvent abuse cases, e.g. toluene or butane, should be treated similar to those taken for sec 5A purposes and be refrigerated as soon as possible and transported in a chilled condition.
- (v) In aviation cases, the outside of the tamper-evident bag submitted for analysis should be clearly marked 'AVIATION CASE'.

E5 LABORATORY INFORMATION

This submission is:		URGENT <input type="checkbox"/>	CRITICAL <input type="checkbox"/>	STANDARD <input type="checkbox"/>
Authorising Signature		Print Name and Position		
Reason if urgent or critical to a particular date				
Date statement required in Urgent and Critical cases only				
Tamper-evident bag No.		Method of delivery—By Hand / Post / Courier etc.		
If delivered by hand - Delivered by: Signature Print Name If there have been previous submissions give Lab Ref.		If delivered by hand - Received at laboratory by: Signature Print Name Date		

E6 INFORMATION REQUIRED IN DRUG DRIVING CASES

BREATH ALCOHOL TEST Time

Reading *ZERO / PASS / WARN / FAIL / FTP

EVIDENTIAL BREATH ANALYSIS Reading

SALIVA DRUG TEST Time

Result ***DRUG DETECTED** Drug / **NO DRUG DETECTED**

Before the specimen was required (at a police station), did a doctor / HCP state that the person has a condition which might be due to some drug? *YES/NO/Not Req

PRELIM' IMPAIRMENT TEST *YES/NO Form MG DD F attached*YES/NO

E7 **FURTHER INFORMATION REQUIRED**

Evidence that the subject might have been impaired by drugs? ***YES/NO**

Are drugs/medicines taken for medical or dental treatment? ***YES/NO**

If **YES** give details

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.....

Has the subject taken any drugs or alcohol in the last 24 hours? ***YES/NO**

If **YES** please give details

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.....

Has the subject taken any drugs or alcohol **AFTER** the incident? ***YES/NO**

If **YES** please give details

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.....

Were any drugs found in the subject's possession (or vehicle)? ***YES/NO**

If **YES** please give details

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.....

Is the subject (i) a known drugs user or solvent sniffer? ***YES/NO**

(ii) a registered drug addict? ***YES/NO**

If **YES** please give details

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Please circle any of the following symptoms that apply:

- | | | |
|---------------|-----------------------------------|---------------------------------|
| Diarrhoea | Convulsions | Hallucinations |
| Vomiting | Shivering | Pupil size / large / small |
| Delirium | Constipation | <input type="text" value="mm"/> |
| Jaundice | Drowsiness | Bloodshot Eyes |
| Thirst | Sweating | Violence |
| Sweating | Unsteady on feet | |
| Hyperactivity | Blue Tinge to the Skin (Cyanosis) | |

