

## CONSENT for DRUG-FACILITATED SEXUAL ASSAULT SCREENING

### REPORTING

I give my consent for the collection & analysis of blood/or and urine specimens for the purpose of identifying the presence of drugs as a part of this medical-forensic examination. I also consent to the release of information and disclosure of drug analysis to the appropriate law enforcement agency. I understand that testing the specimens may detect drugs that have been ingested voluntarily prior to this examination including, but not limited to recreational drugs. I understand that the results of this screening will become part of my medical record, and may be admissible as evidence in court.

\_\_\_\_\_  
(Signature of patient/guardian or responsible party)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

**OR**

### NOT REPORTING

I give my consent for the collection & analysis of blood/or and urine specimens for the purpose of identifying the presence of drugs as a part of this medical-forensic examination; however I choose **at this time, not to report to law enforcement**. I understand that my blood and/or urine samples will be sent by a law enforcement agency to the Colorado Department of Public Health & Environment (CDPHE) for testing. I will be able to obtain my test results in 4 to 8 weeks and can choose whether or not to report to law enforcement. CDPHE will store urine and/or drug samples for one year and confidential results will be kept for six years.

\_\_\_\_\_  
(Signature of patient/guardian or responsible party)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

PATIENT LABEL

**Distribute:** Original to Patient Record  
Copy to DFSA Kit  
Copy to Patient  
Copy to Law Enforcement (if reporting)