

Consent for Blood/Urine Collection for Testing – (Form E)

I understand that I have the right to refuse such testing. I have been informed that results from any and all testing that I consent to can be used in a court of law for the purpose of prosecution of this crime. I understand that the results of such testing may reveal prescription or illegal drug use that may not be related to the reported assault. Use of illegal substances that may constitute felonious criminal activity may result in ineligibility for Crime Victims Compensation Funding. I authorize release of my name and other identifying information to S.A.N.E. of Butler County, Inc. and to the respective law enforcement agency along with the blood and/or urine samples for use in the investigation and prosecution of the reported crime. I release S.A.N.E. of Butler County, Inc. from any and all liability that can be associated with the collection process or use of the samples obtained.

Check one and sign to confirm this information has been reviewed with you:

I **CONSENT** to blood and/or urine collection

I **DECLINE** blood and/or urine collection

Signature of patient

Print name of patient

Date and Time of Signature

Specimen Collector's Report

I herby certify that I collected the specimen from the patient: Circle Specimen **BLOOD** **URINE**

Signature of RN collecting specimen

Print name of RN collecting Specimen

Date and Time of specimen collected

I herby certify that I witnessed the actual blood draw or collection of urine from the above named individual:

Signature of witness

Print name of witness

Date and Time of witness