



COUNTY OF ALLEGHENY

OFFICE OF THE MEDICAL EXAMINER

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ASSOCIATE MEDICAL EXAMINER

ROBERT M. HUSTON
DIRECTOR FORENSIC LABORATORY

SUBMITTAL FORM – TOXICOLOGY SECTION – DRUG FACILITATED SEXUAL ASSAULT (DFSFA)

16. VICTIM'S DESCRIPTION OF SYMPTOMS:

17. WITNESS' DESCRIPTION OF SYMPTOMS:

ACTOR INFORMATION

18. OCCUPATION:

19. DID ACTOR TAKE ANY DRUGS (PRESCRIPTION, RECREATIONAL, OR OTC)?

20. WHAT DRUGS DOES SUSPECT HAVE AVAILABLE TO HIM/HER?

21. DID ACTOR CONSUME ALCOHOL? YES NO HOW MUCH?

22. ADDITIONAL HISTORY:

23. INVESTIGATING OFFICER:

PHONE NUMBER:

24. SUBMIT LABORATORY REPORT TO: (NAME, ADDRESS, AND TELEPHONE NUMBER OF AGENCY):