

South Dakota Department of Health

How to Submit Forensic Evidence

The South Dakota Public Health Laboratory's (SDPHL)
Forensic Section performs volatile testing, urine and blood toxicology testing and seized drug analysis.
Volatile testing is mostly performed on blood and urine but can also be completed on other matrices.



Kit Types Available



Kit 1 – cardboard tube w/ 1 blood tube

• Contains an inner and outer cardboard tube, submission form, supplemental form, bio bag, 1 seal, 1 grey top tube, return label, additional information slip

Kit 2 – white box w/ 2 blood tubes

• Contains a white mailing box, plastic case, bubble wrap, submission form, supplemental form, bio bag, 2 full seals, 1 partial seal, 2 grey top tubes, return label, additional information slip

UA kit – UA white box

 Contains a white UA mailing box, submission form, supplemental form, bio bag, 1 seal, 1 urine cup with lid, guideline for sample collection

For more kits, please email sdphlorderform@state.sd.us with the requested amount.

Blood Tube Kits



Kit 1



- Fill out provided seal first using a ball point (nonsmearing) pen
- Fill out provided submission and supplemental forms
- Place center of seal (biohazard symbol) over the center of the top of the tube and fold sides over
- Place sealed sample in zip lock portion of bio bag with absorbent pad and put forms in additional side pocket or wrap forms around the inner cardboard tube
 - Please do not tear off the top of the zip lock bag
- Put sample in inner cardboard tube and close.
 Then place inner tube in outer tube.
- Put address on label and place sticky side on the middle of the outer tube
- Tape middle of tube together

Blood Tube Kits



Kit 2 (please do not use for 1 blood submission)

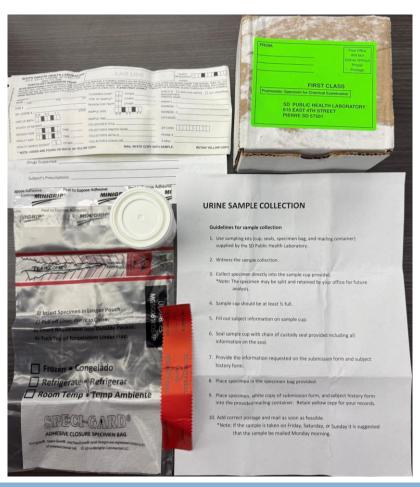


- Fill out provided seals first using a ball point (nonsmearing) pen
- Fill out provided submission and supplemental forms
- Place center of white seals (biohazard symbol) over the center of the top of the tubes and fold sides over
- Place sealed samples in plastic case with absorbent pad and seal with partial red seal. Then put in zip lock portion of bio bag with another absorbent pad. Put forms in the additional side pocket or place in box.
- Wrap container in bubble wrap and place in white box
- If using yellow postage paid label, be sure to cover green label on box
- If using green label put return address on label
- Tape box shut

Urine Kits



UA Kit



- Fill out provided seal first using a ball point (nonsmearing) pen
- Fill out provided submission and supplemental form
 - Older urine boxes will have a Subject History Form and newer ones will have a Urine Toxicology Supplemental Submission Form, SDPHL will accept both forms.
- Make sure cap is aligned and tightened fully
- Place center of seal over the center of lid and fold sides over
- Place sealed sample in sealable side of bio bag with absorbent pad and put forms in additional side pocket or inside box
- Put sample in box
- Fill out return address on label
- Tape the box closed

Returning Expired Kits



- All expired kits should be mailed back to the SDPHL
 - When mailing, mark the outside of box with "Expired Kits"
 - Return all parts of the kit
- Expiration dates on blood tubes are located next to the hourglass symbol (pictured)
- UA Kits do not expire



Tests Available for Toxicology Samples

- FAI
 - Ethyl Alcohol and Difluoroethane (inhalants)
 - Can be performed on blood, urine, vitreous humor, amniotic fluid, stomach content, and liquid beverages
- FSC
 - Drugs (e.g., amphetamines, cocaine, opiates, etc.)
 - Can be performed on blood and urine
- If no test request is listed, the sample will be assigned a FAI test for bloods and FSC for urines. However, if you are submitting a blood from Pennington, Meade, Lawrence, or Fall River county you will be assigned FSC.

Toxicology Submission Form

Required submission form for all toxicology samples. You keep the yellow carbon copy.

Please fill out the form in its entirety, but we require at least: subject name, tests requested, county of incident (do not abbreviate), sample date, reason for test, requestors name, agency, and address, fatality date and sample source when applicable.

Use the "other" line to say "DRUG ONLY" if wanting drug testing only.

615 E. 4TH ST. • PIERRE, SD 57501-1700 (605) 773-3368 TOXICOLOGY SUBMISSION FORM	LAB USE	TESTS* REQUESTED
BLOOD INSTRUCTIONS: POWDER IN SAMPLE TUBE SHOULD NO INCLUDED SEAL, AND SEAL THE TUBE. PLACE TUBE AND WHITE	COPY OF COMPLETED SUBMISSION FORM IN MAILING TUBE, ESTING IS NEEDED, SUBMIT TWO TUBES OF BLOOD AND CON	CC'S, AFTER COLLECTION, INVERT TUBE SEVERAL TIMES, FILL OUT KEEPING THE YELLOW COPY FOR YOUR RECORDS, ADD CORRECT IPLETE THE ADDITIONAL BLOOD TOXICOLOGY FORM, IF POSSIBLE, CHECK IF DRE EVALUATION 24/7 PROGRAM
SUBJECTS	CLEANSER CODE* OTHER	REQUESTOR'S
NAME Last First	M.I. TYPE OF SAMPLE* OTHER	PRINTED NAME_
CASE #	REASON FOR TEST* OTHER	AGENCY
DR. LICENSE #	THE RESERVE TO A SECURITY OF THE PERSON OF T	ADDRESS - 1
M M DD YY STA	SAMPLE DATE M.M. D.D. Y.Y.	ADDRESS - 2
DATE OF BIRTH	SAMPLE TIME	CITY/STATE
COUNTY OF INCIDENT	COLLECTOR'S TITLE	
INCIDENT DATE TIME	COLLECTOR'S PRINTED NAME	ZIP CODE
FATALITY DATE	COLLECTOR'S INITIALS	PHONE #
FATALITY SAMPLE SOURCE* OTHER	COLLECTOR'S SIGNATURE	E-MAIL
* NOTE: CODES ARE FOUND ON BACK OF YELLO	W COPY. MAIL WHITE COPY W	//TH SAMPLE. RETAIN YELLOW COPY.



Blood Supplemental Form

This form is requested with all blood submissions but not required. Please use this form to list suspected drug use, prescriptions, and/or PBT reading.

You may use this form or the submission form to mark 1/2 and 2/2 to signify 2 separate blood tubes coming in the mail, if the suspect is under 21, or if the suspect has a CDL.

	State Public Health Laboratory 615 E. 4 th St.
	Pierre, SD 57501 Phone (605) 773-3368
Blood Toxicology Supplemental Submission Form	Fax (605) 773-6129
If blood will be tested for both alcohol and drugs, please collect two tubes (marking 1/	2 and 2/2) and fill out this
form. Two tubes needed for quantity of blood, not separation of alcohol and drug test	ing.
form. Two tubes needed for quantity of blood, not separation of alcohol and drug test Drugs Suspected:	
Drugs Suspected:	
Drugs Suspected:	



Multi-Specimen Submission



- When multiple cases are packaged together and sent to the lab, this form should be used to account for the number of **samples/cases** sent.
- This form will help aid in keeping track of the cases sent and received, as well as when they arrived.
- Please describe the container being shipped, e.g., medium brown box, manilla envelope, 3 taped together blood tubes, etc.
- Write the number of samples/cases, not the number of individual items sent.
 - 2 blood tubes from the same case = 1 sample
 - 3 drug exhibits from the same case = 1 case
- Please do not fill anything out below the "For Lab Use Only" line.

BURN BAKGGE HEALTH	Multi-Specimen Submission Form
abmitting agency:	
ate shipped:	
# of blood samples sent	
# of urine samples sent	
# of drug/cannabis cases sent	
dditional Comments:	
abmitting agency:	
# of blood samples received	
# of urine samples received	
# of drug/cannabis cases received	ed
DPHL # range:	
	-
lditional Comments:	

Sealing Blood Samples











- Do not use sharpie or gel pens as they can smear
- Do not wrap seal around the top over itself
 - This is not considered sealed, since it does not go over the grey top.
- Do not peel up seal once pressed down
 - Blood tube seals will leave behind a void mark when lifted. A voided seal will be marked as not sealed.
- - These tubes should only be used if you are not able to access any other blood tubes.
- Sioux Falls place patient information sticker on tube first and then the seal over top
 - Doing the opposite means information written on the seal is covered.

Handwriting



Please use legible handwriting on all forms and seals to the best of your ability. It is our policy to write what we see. If you meant to write "John A Doe" and it looks like "John H Dae", we will data enter the name as "John H Dae".

SOUTH DAKOTA HEALTH LABORATORY 615 E. 4TH ST. • PIERRE, SD 57501-1700 (605) 773-3368 TOXICOLOGY SUBMISSION FORM	LAB USE	TESTS* REQUESTED FAT
BLOOD INSTRUCTIONS: POWDER IN SAMPLE TUBE SHOULD NOT BE INCLUDED SEAL, AND SEAL THE TUBE. PLACE TUBE AND WHITE COPPOSTAGE AND MAIL AS SCON AS FEASIBLE. IF BLOOD DRUG TESTIURINE INSTRUCTIONS: SEE SAMPLE COLLECTION SHEET INC	PY OF COMPLETED SUBMISSION FORM IN MAILING TUBE, KEEP NG IS NEEDED, SUBMIT TWO TUBES OF BLOOD AND COMPLET	AFTER COLLECTION, INVERT TUBE SEVERAL TIMES, FILL OUT NG THE YELLOW COPY FOR YOUR RECORDS, ADD CORRECT
SUBJECT'S DOE John HA NAME Last First M.I. CASE # 750000	CLEANSER CODE* OTHER TYPE OF SAMPLE* BL OTHER	REQUESTOR'S PRINTED NAME XVZ PD
DR. LICENSE #. M M D D Y Y STATE DATE OF BIRTH	SAMPLE DATE OF BOOK STATE OF SAMPLE DATE OF SAMPLE	ADDRESS - 1
INCIDENT DATE 08 05 15 TIME	COLLECTOR'S TITLE COLLECTOR'S PRINTED NAME	ZIP CODE ZIP CODE
FATALITY DATE TIME TIME TIME TIME TIME TIME TIME TI	COLLECTOR'S INITIALSCOLLECTOR'S SIGNATURE	PHONE # 600 900
* NOTE: CODES ARE FOUND ON BACK OF YELLOW	COPY. MAIL WHITE COPY WITH	SAMPLE. RETAIN YELLOW COPY.

Seized Drug Submissions

- Seized Drug Samples
 - e.g., methamphetamine, fentanyl, cocaine, pills, mushrooms/psilocybin, steroids, paraphernalia, etc.
- Cannabis Samples
 - Raw Marijuana
 - Plant Material
 - Pre-rolls
 - THC Products
 - Vapes
 - Wax/Oils
 - Edibles
 - We do not currently test THC chocolates or beverages



Dual Agency Submission

- The SDPHL and DCI Forensic Lab work together on many cases.
 You can help streamline the process by doing the following:
 - If you want testing from both labs, please fill out the paperwork required by both labs at initial submission
 - If requesting BIO submit evidence to DCI lab first
 - If requesting FP (fingerprints) submit to SDPHL first
 - If requesting both BIO and FP submit to DCI first for BIO testing, DCI will then bring item to SDPHL for drug analysis, and then the SDPHL will return to DCI for FP



Seized Drug Submission Forms



- All submissions must include the Drug Data Collection Form.
- If a submission is suspected to contain cannabis/THC, even if its meth/THC, the potency supplemental form **must** be filled out.
 - This form does not need to be filled out for non-cannabis submissions
- When sending multiple cases in the same package, please include the Multi-Specimen Submission form.

DCI Drug Data Collection Form



DO			Investigation etion Form		Check Receiving Lab or Not Submitted SD State Health Lab, Pierre Sioux Falls Police Department Lab			
	500000000000000000000000000000000000000	gh #14 to be com			Rapid City Police Department Lab Not Submitted to a Lab (Send form to DC			
2. Date Submitted:	3. Agency Case Numb	er:	4. Su	bmitting Age				
5. Name(s) of Su	bject(s):							
Last Name	First Name		Middle Name Middle Name Middle Name		Date of Birth Date of Birth Date of Birth		Check if Arrested Check if Arrested Check if Arrested	
Last Name	First Name	72						
Last Name	First Name							
Last Name	First Name						Check if Arrested	
	of Purchase or Seizure:	7. Type of Invi	Middle Name estigation Activity:		Date of Birth		ALIFORDI.	
(City, If Applicable		Traffic/Pate		☐ Search W	arrant Inv	estigation		
(County)		☐ Roadway	☐ Residence ☐	Hotel/Motel	Other		(specif	
9. Type of Crimina Possession 1	l Activity;	10. Prosecution		11. Firear		ed		
Certified Mail (S 13. Submitting Officer Submitting Officer	icer Information: (Please Print)		□ N/A (Drugs not					
Submitting officer S	ignature			_ Phon	е			
Address		City		_ St _	Z	Lip		
Description of Drug		Suspected to Estimated Total Weight or Amt. Of		tal	Of Street Value Lab (Submitted to	
			Weight or Amt	. Of			"none" if no	
Exhibit#	Description of Drug and/or Packaging	Suspected to Contain	Weight or Amt. Substance Seiz	ed (o	Street Value f Amt. Seized)			
			Weight or Amt. Substance Seiz	sed (o			"none" if no	
			Weight or Amt. Substance Seiz	ed (o			"none" if no	
			Weight or Amt. Substance Seiz	s (0			"none" if no	
			Weight or Amt. Substance Seiz	sed (0 S S \$			"none" if no	
Exhibit#	and/or Packaging	Contain	Substance Seiz	sed (0 S S S S S S	fAmt. Seized)	lab sub	"none" if no	
Exhibit#		Contain	Substance Seiz	sed (0 S S S S S S	fAmt. Seized)	lab sub	"none" if no	
Exhibit#	and/or Packaging	Contain Form - Page 2 is	Substance Seiz	sed (0 S S S S S S	fAmt. Seized)	lab sub	"none" if no	
Exhibit#	and/or Packaging	Contain Form - Page 2 is	Substance Seiz	S S S S S S S S S S	fAmt. Seized)	lab sub	"none" if no	
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Required Information:

- Date Submitted (2)
- Agency Case Number (3)
- Submitting Agency (4)
- Name of Subject(s) (5)
- City and County of Purchase or seizure (6)
- Drug Sample Delivered to the lab via: (12)
- Submitting Officer
 Information (13)
- Exhibit # and Description of Drug and/or Packaging (14)

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2. Date Submi	tted:	3. Agency Case Nur	nber:	1	I. Submitting	Agency:		
	Officer Inform				-			
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Exhibit#		iption of Drug Suspected to Or Packaging Contain		Estimated Total Weight or Amt. Of Substance Seized		Estimated Street Value (of Amt. Seized)	Est. Amt, Submitted to La (Enter "none" if no lab submission)	
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Rev. 06/05/2003

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DCI Drug Data Collection Form



- This submission form is used to describe the items sent and to provide basic case information.
 - Include contact information.
- The case number and exhibit number(s) on this form needs to match all case numbers written on item packaging and supplemental forms.
 - Inconsistent numbering cannot be entered until correct numbers are confirmed.
- If listing an exhibit on the Drug Data Collection Form but not submitting it to SDHPL, please write "NONE" in Est. Amt. Submitted to Lab column or do not list the item(s)
- Keep a carbon copy, scanned or digital version of the submitted Drug Data form for reference.
- If a case has less than 6 exhibits being submitted, use only the first page.
 - If submitting more than 18 exhibits reuse **only** the **2nd page**.

Potency Supplemental Form





South Dakota Public Health Laboratory Seized Drug Cannabis Supplemental Submission Form

For Law Enforcement use only

Testing Requested

Lab ID #	Agency Case Number	Exhibit	t#	Exhibit description		Potency	Weight	ID (macro,micro, color) Plant material only
Cuasiman			.					
	ecommendations: rial should be dry and free of debri	s. (Oils/W	naterial- grams or more by weight /axes- grams or more by weight y Edibles- grams or more by weight	Comments:			

Used to request specific tests for suspected cannabis material.

- Potency testing material to determine if it is hemp or marijuana.
- Weight net weight of sample.
 - Only for suspected cannabis plant material.
- ID examining plant material to identify if it is from a cannabis plant.
 - Only for suspected cannabis plant material.

Mark the tests you want with an "X" or a checkmark, please do not write anything else in the potency, weight, and ID columns. Only plant material can be tested for ID and have weight done.

Cannabis Submission



Potency testing cannot be done on residual amount plant material, waxes, oils, edibles, etc.

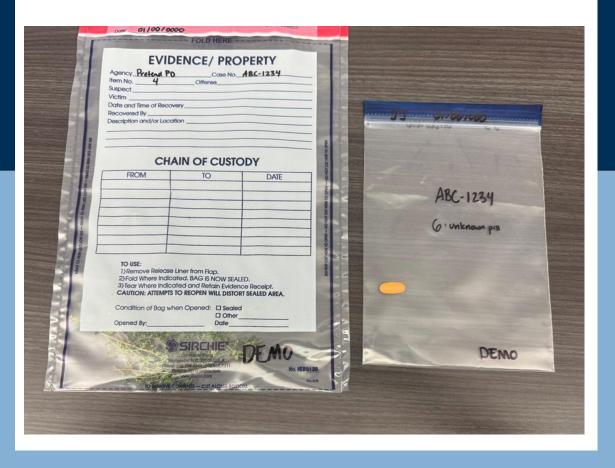


Example of insufficient amount

Packaging Samples



Two Evidence Examples



- Seal evidence in a labeled bag.
 Do not seal submission forms with evidence or staple forms to evidence bags.
 - Each exhibit should have its own package to prevent cross contamination
 - Use a clear bag or a brown evidence bag
 - Except sharps, (e.g., needles, blades, razers, etc.)
 - Include case number and exhibit number on evidence bag
- Provide padding or wrap fragile items.
 - This prevents the crushing of glass items, pills, spilled liquids, etc.
- Glass pipes in bubble wrap
 - Broken glass pipes in sharps container
- Double bag any suspected fentanyl
- Use a sterile container (e.g., urine cup) for liquid submissions and double bag

Packaging Sharps

- Please use a sharps container and use evidence on the top and bottom of the container.
- On each seal write the date sealed and the initials of the person sealing it.
- Preferably no more than 3 needles in a small sharps container (pictured)





Safe Evidence Handling



 If you are submitting evidence that has been in contact with biohazardous material such as blood, stomach content, feces, etc., mark evidence with biohazard sticker and/or a message



Quality of Exhibits

- All testable material should be free of foreign debris: dirt, bugs, etc.
- Dry any wet plant material before submitting to SDPHL, as wet material will mold and/or use a paper evidence bag
 - Submitting wet material can extend testing period as it will need to be dried prior to testing



Hand Delivery/After Hour Drop-offs



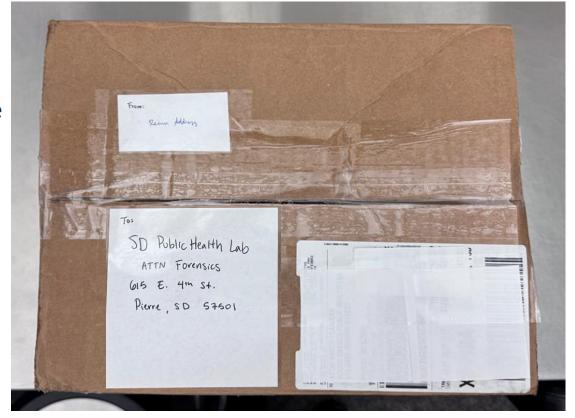
- The SDPHL will accept hand delivered samples during normal business hours.
 - Samples should be sealed and have all paperwork included.
 - Staff with be available from 8am to 4pm to admit submitters into the building.
- For after hour drop-offs, use the provided night deposit box or evidence lockers. Seized drug submissions **cannot** go in the night deposit box but can go in the lockers. Toxicology samples can go in either.

How to Mail Samples



Example Package

1. Include Agency



2. Correctly Addressed

3. Old Label Is Covered

- Pack in plain box or cover up existing labels or box designs.
 - We discourage the use of evidence tape on outside of container and/or initials/dates on external package.
- Include a return address and address package to SD Public Health Lab, Attn Forensics.

What to Avoid When Mailing







- Please do not address packages to specific individuals or use misleading packaging. This can lead to packages being brought to wrong department or person.
- Packages without return addresses, or without the SDPHL's address clearly written may get lost.
- Trackable shipping is preferred, especially with seized drugs.

Case Managers



In need of forms or have questions? Please contact the Forensic Case Managers.







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