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 (non-smearing) 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

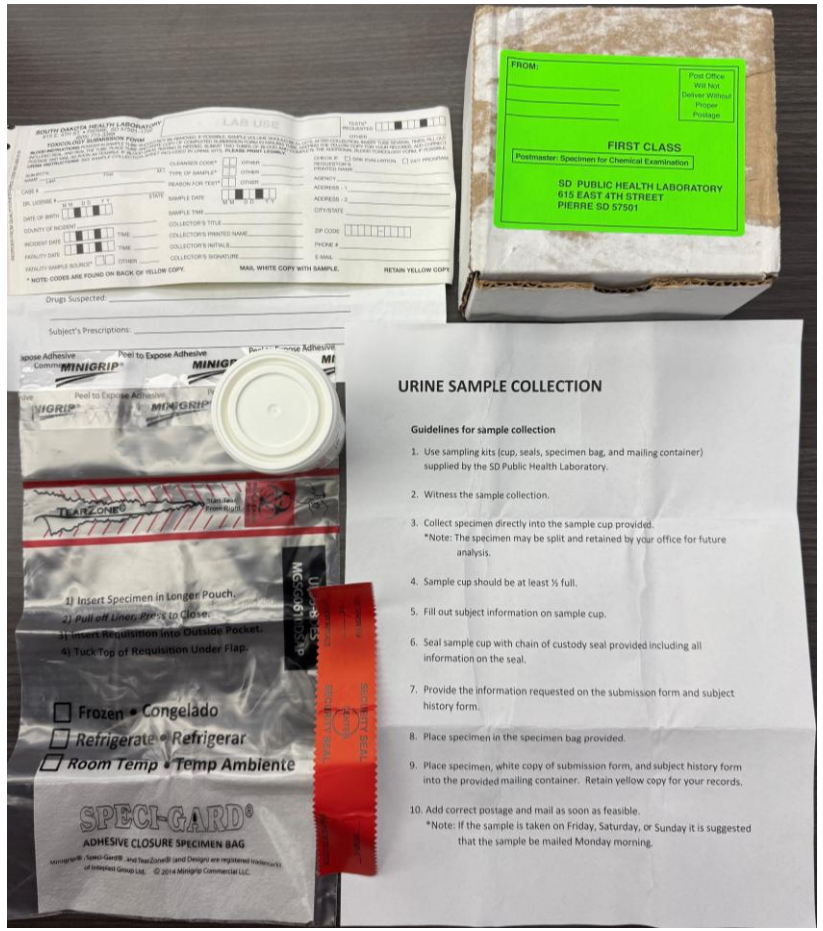
Blood Tube Kits

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

- Fill out provided seals first using a ball point (non-smearing) 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

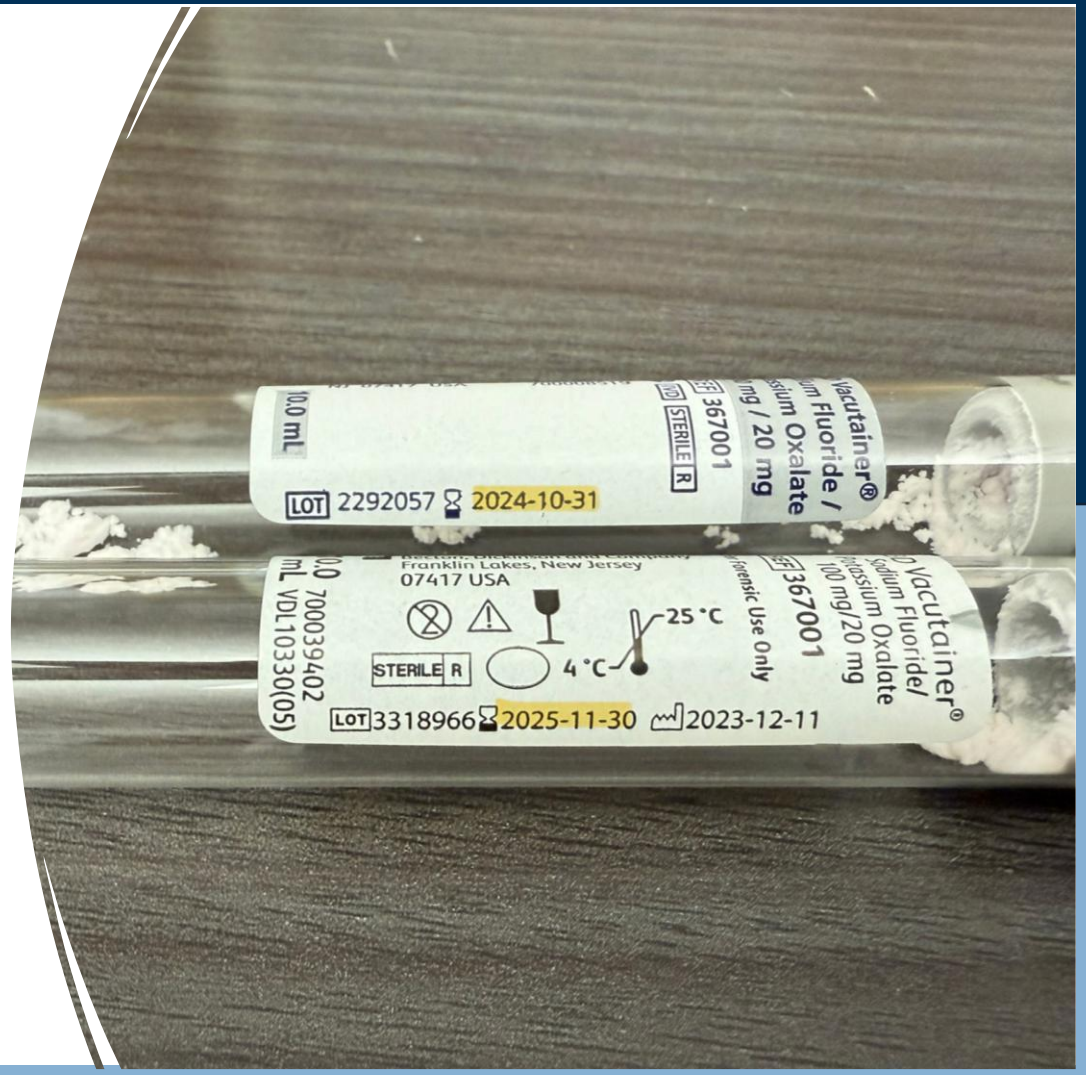
UA Kit



- Fill out provided seal first using a ball point (non-smearing) 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



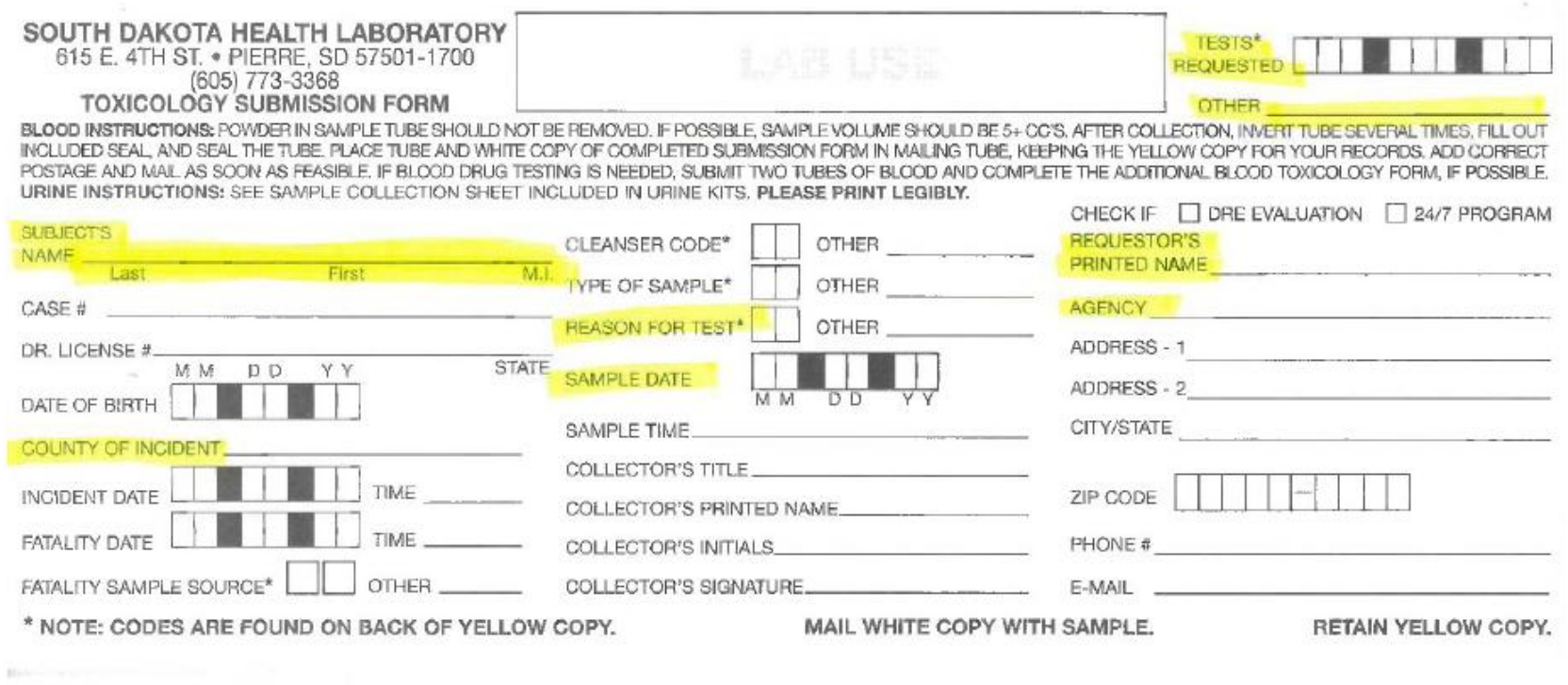
Tests Available for Toxicology Samples

- 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.



SOUTH DAKOTA HEALTH LABORATORY
615 E. 4TH ST. • PIERRE, SD 57501-1700
(605) 773-3368
TOXICOLOGY SUBMISSION FORM

LAB USE

TESTS* REQUESTED

OTHER

BLOOD INSTRUCTIONS: POWDER IN SAMPLE TUBE SHOULD NOT BE REMOVED. IF POSSIBLE, SAMPLE VOLUME SHOULD BE 5+ CC'S. AFTER COLLECTION, INVERT TUBE SEVERAL TIMES, FILL OUT INCLUDED SEAL, AND SEAL THE TUBE. PLACE TUBE AND WHITE COPY OF COMPLETED SUBMISSION FORM IN MAILING TUBE, KEEPING THE YELLOW COPY FOR YOUR RECORDS. ADD CORRECT POSTAGE AND MAIL AS SOON AS FEASIBLE. IF BLOOD DRUG TESTING IS NEEDED, SUBMIT TWO TUBES OF BLOOD AND COMPLETE THE ADDITIONAL BLOOD TOXICOLOGY FORM, IF POSSIBLE.
URINE INSTRUCTIONS: SEE SAMPLE COLLECTION SHEET INCLUDED IN URINE KITS. **PLEASE PRINT LEGIBLY.**

CHECK IF ☐ DRE EVALUATION ☐ 24/7 PROGRAM

SUBJECT'S NAME _____ Last _____ First _____ M.I.
CASE # _____
DR. LICENSE # _____ STATE
DATE OF BIRTH M M D D Y Y
COUNTY OF INCIDENT _____
INCIDENT DATE TIME _____
FATALITY DATE TIME _____
FATALITY SAMPLE SOURCE* OTHER _____

CLEANSER CODE* OTHER _____
TYPE OF SAMPLE* OTHER _____
REASON FOR TEST* OTHER _____
SAMPLE DATE M M D D Y Y
SAMPLE TIME _____
COLLECTOR'S TITLE _____
COLLECTOR'S PRINTED NAME _____
COLLECTOR'S INITIALS _____
COLLECTOR'S SIGNATURE _____

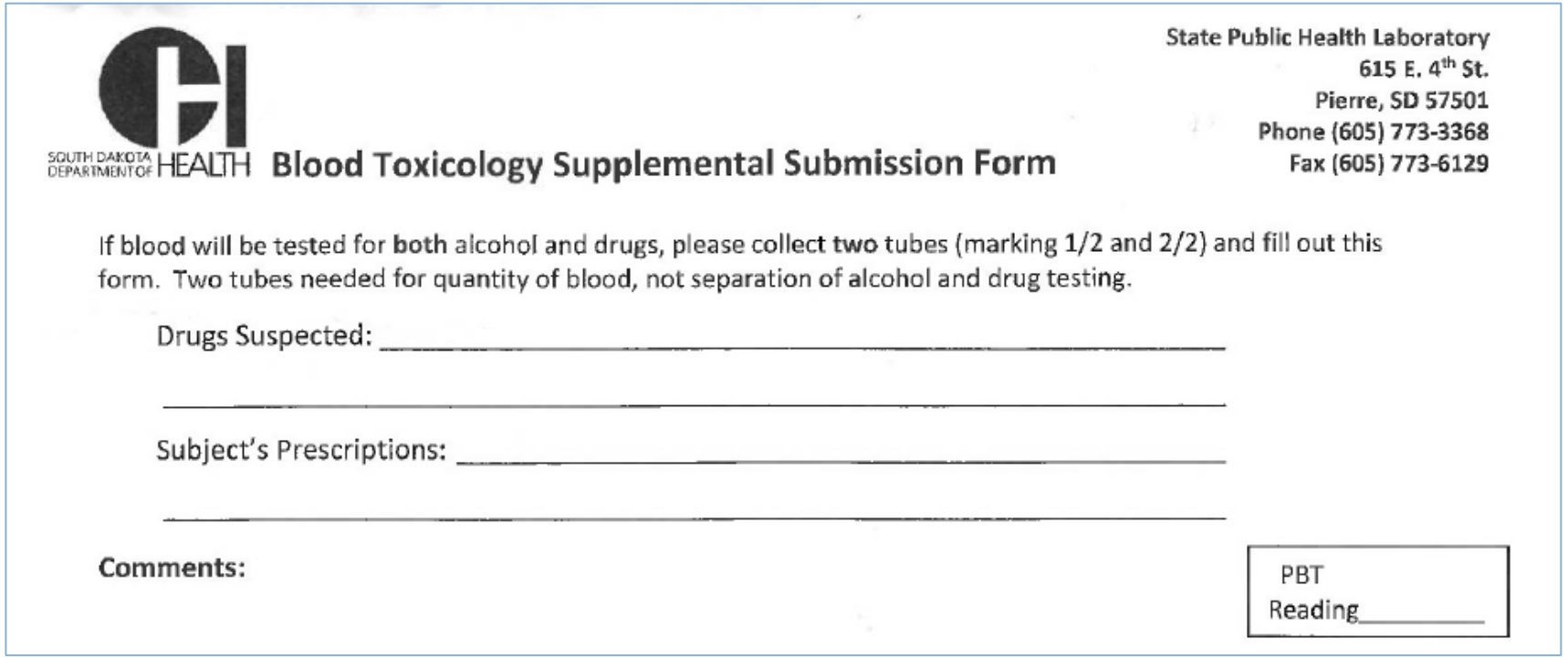
REQUESTOR'S PRINTED NAME _____
AGENCY _____
ADDRESS - 1 _____
ADDRESS - 2 _____
CITY/STATE _____
ZIP CODE _____
PHONE # _____
E-MAIL _____

* NOTE: CODES ARE FOUND ON BACK OF YELLOW COPY.
MAIL WHITE COPY WITH SAMPLE.
RETAIN YELLOW COPY.

An electronic copy of this form is also available, if using it, please print portrait style.

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.



SOUTH DAKOTA DEPARTMENT OF HEALTH

Blood Toxicology Supplemental Submission Form

State Public Health Laboratory
615 E. 4th St.
Pierre, SD 57501
Phone (605) 773-3368
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 testing.

Drugs Suspected: _____

_____

Subject's Prescriptions: _____

_____

Comments:

PBT
Reading_____

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.

Multi-Specimen Submission Form

Submitting agency: _____

Container samples are being sent in: _____

Date shipped: _____

_____ # of blood samples sent

_____ # of urine samples sent

_____ # of drug/cannabis cases sent

Additional Comments: _____

. . . . . For Lab Use Only . . . . . .

Date arrived: _____

Submitting agency: _____

Samples arrived in: _____

_____ # of blood samples received

_____ # of urine samples received

_____ # of drug/cannabis cases received

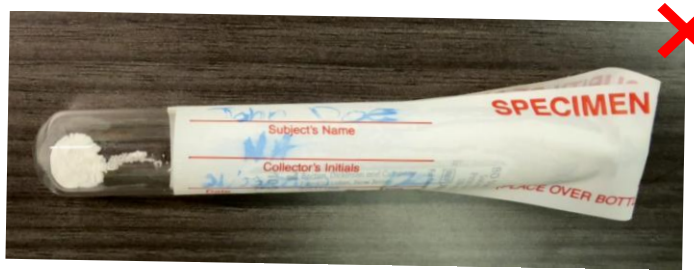
SDPHL # range: _____

Additional Comments: _____

Multi-Specimen Submission Form
Refer to Qualtrax for Controlled Version
Authorized by the Deputy Director

Page 1 of 1
Doc ID #: 2452 Rev 1 Published
Issue date: 01/13/2025

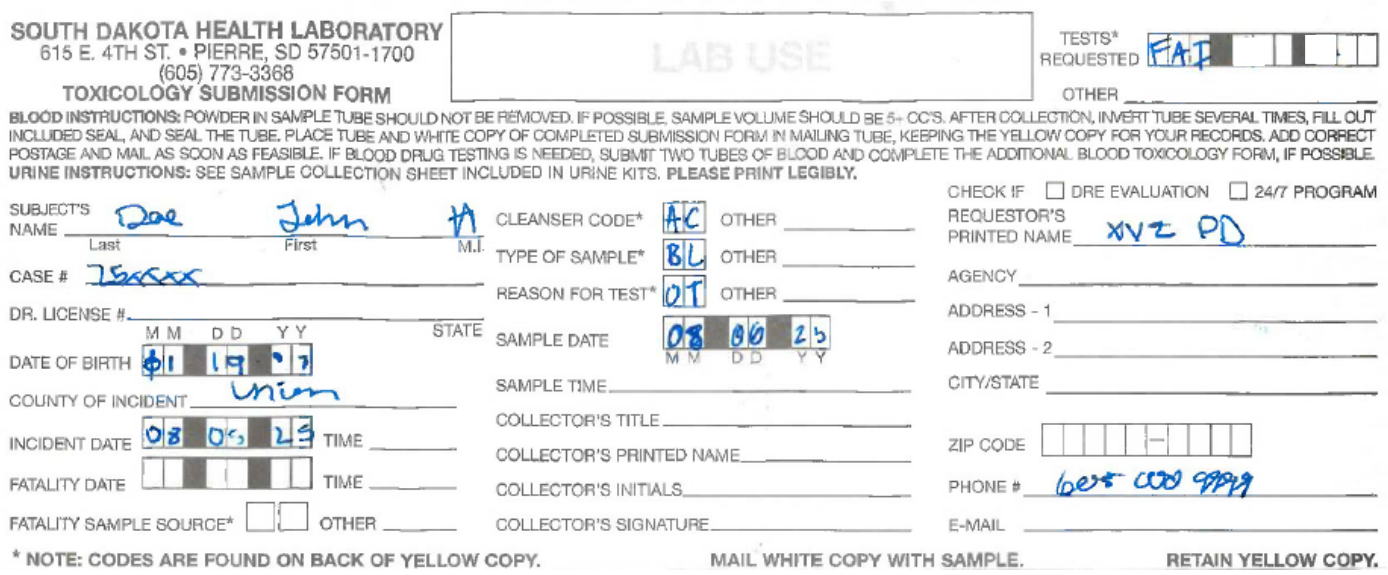
Sealing Blood Samples



- 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.
- Expired blood tubes are not recommended to be used. Please check the date next to the hourglass symbol
  - 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
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TOXICOLOGY SUBMISSION FORM

LAB USE

TESTS* REQUESTED FAT
OTHER

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URINE INSTRUCTIONS: SEE SAMPLE COLLECTION SHEET INCLUDED IN URINE KITS. PLEASE PRINT LEGIBLY.

SUBJECT'S NAME Doe (Last) John (First) A (M.I.)
CASE # 15xxxx
DR. LICENSE # ____ STATE
DATE OF BIRTH (MM DD YY) 01 19 73
COUNTY OF INCIDENT Union
INCIDENT DATE 08 05 23 TIME ____
FATALITY DATE ____ TIME ____
FATALITY SAMPLE SOURCE* ____ OTHER ____

CLEANSER CODE* AC OTHER ____
TYPE OF SAMPLE* BL OTHER ____
REASON FOR TEST* OT OTHER ____
SAMPLE DATE (MM DD YY) 08 06 23
SAMPLE TIME ____
COLLECTOR'S TITLE ____
COLLECTOR'S PRINTED NAME ____
COLLECTOR'S INITIALS ____
COLLECTOR'S SIGNATURE ____

CHECK IF ☐ DRE EVALUATION ☐ 24/7 PROGRAM
REQUESTOR'S PRINTED NAME XYZ PD
AGENCY ____
ADDRESS - 1 ____
ADDRESS - 2 ____
CITY/STATE ____
ZIP CODE ____
PHONE # best 000 9999
E-MAIL ____

* 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

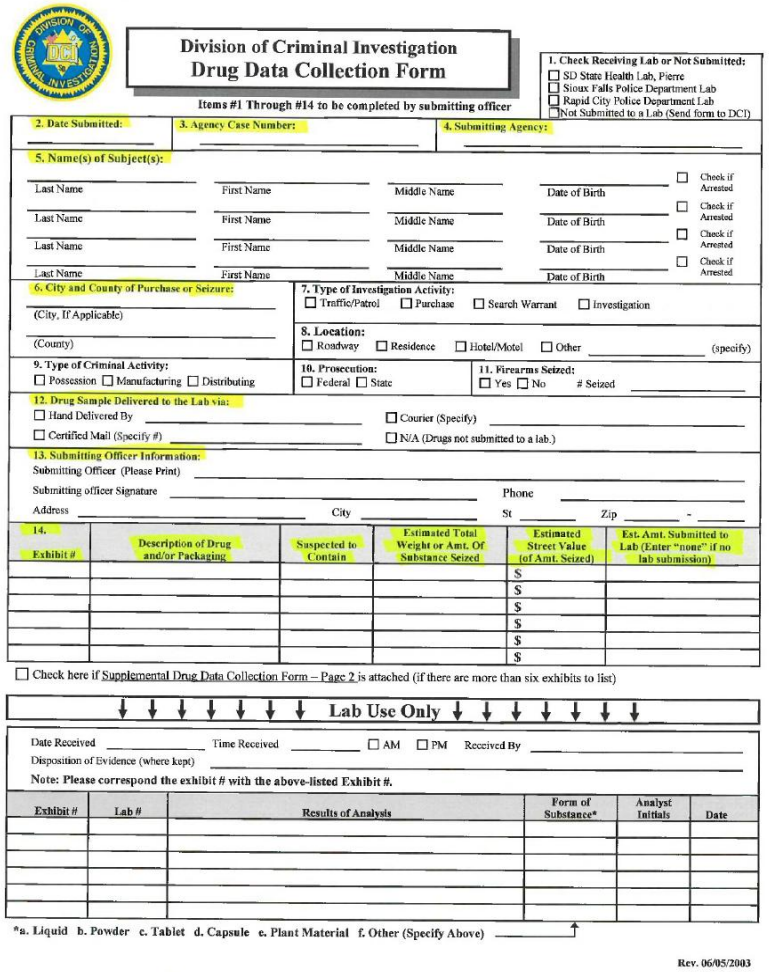
Dual Agency Submission

- 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



Division of Criminal Investigation
Drug Data Collection Form

Items #1 Through #14 to be completed by submitting officer

1. Check Receiving Lab or Not Submitted:
☐ SD State Health Lab, Pierre
☐ Sioux Falls Police Department Lab
☐ Rapid City Police Department Lab
☐ Not Submitted to a Lab (Send form to DCI)

2. Date Submitted: | 3. Agency Case Number: | 4. Submitting Agency:

5. Name(s) of Subject(s):

Last Name | First Name | Middle Name | Date of Birth | ☐ Check if Arrested

Last Name | First Name | Middle Name | Date of Birth | ☐ Check if Arrested

Last Name | First Name | Middle Name | Date of Birth | ☐ Check if Arrested

Last Name | First Name | Middle Name | Date of Birth | ☐ Check if Arrested

6. City and County of Purchase or Seizure:
(City, If Applicable)
(County)

7. Type of Investigation Activity:
☐ Traffic/Patrol ☐ Purchase ☐ Search Warrant ☐ Investigation

8. Location:
☐ Roadway ☐ Residence ☐ Hotel/Motel ☐ Other _____ (specify)

9. Type of Criminal Activity:
☐ Possession ☐ Manufacturing ☐ Distributing

10. Prosecution:
☐ Federal ☐ State

11. Firearms Seized:
☐ Yes ☐ No # Seized

12. Drug Sample Delivered to the Lab via:
☐ Hand Delivered By
☐ Certified Mail (Specify #)
☐ Courier (Specify)
☐ N/A (Drugs not submitted to a lab.)

13. Submitting Officer Information:
Submitting Officer (Please Print)
Submitting officer Signature | Phone
Address | City | St | Zip

14. Exhibit #	Description of Drug and/or Packaging	Suspected to Contain	Estimated Total Weight or Amt. Of Substance Seized	Estimated Street Value (of Amt. Seized)	Est. Amt. Submitted to Lab (Enter "none" if no lab submission)
				$	
				$	
				$	
				$	
				$	
				$	

☐ Check here if Supplemental Drug Data Collection Form – Page 2 is attached (if there are more than six exhibits to list)

Lab Use Only

Date Received | Time Received | ☐ AM ☐ PM | Received By
Disposition of Evidence (where kept)
Note: Please correspond the exhibit # with the above-listed Exhibit #.

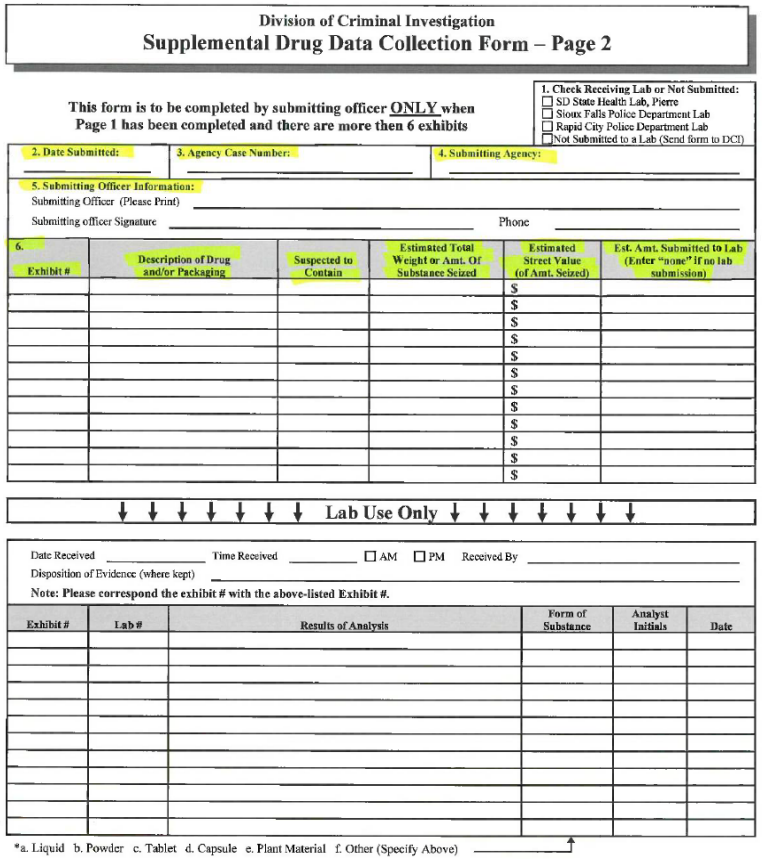
Exhibit #	Lab #	Results of Analysis	Form of Substance*	Analyst Initials	Date

*a. Liquid b. Powder c. Tablet d. Capsule e. Plant Material f. Other (Specify Above) _____

Rev. 06/05/2003

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)



Division of Criminal Investigation
Supplemental Drug Data Collection Form – Page 2

This form is to be completed by submitting officer ONLY when Page 1 has been completed and there are more then 6 exhibits

1. Check Receiving Lab or Not Submitted:
☐ SD State Health Lab, Pierre
☐ Sioux Falls Police Department Lab
☐ Rapid City Police Department Lab
☐ Not Submitted to a Lab (Send form to DCI)

2. Date Submitted: | 3. Agency Case Number: | 4. Submitting Agency:

5. Submitting Officer Information:
Submitting Officer (Please Print)
Submitting officer Signature | Phone

6. Exhibit #	Description of Drug and/or Packaging	Suspected to Contain	Estimated Total Weight or Amt. Of Substance Seized	Estimated Street Value (of Amt. Seized)	Est. Amt. Submitted to Lab (Enter "none" if no lab submission)
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	

Lab Use Only

Date Received | Time Received | ☐ AM ☐ PM | Received By
Disposition of Evidence (where kept)
Note: Please correspond the exhibit # with the above-listed Exhibit #.

Exhibit #	Lab #	Results of Analysis	Form of Substance	Analyst Initials	Date

*a. Liquid b. Powder c. Tablet d. Capsule e. Plant Material f. Other (Specify Above) _____

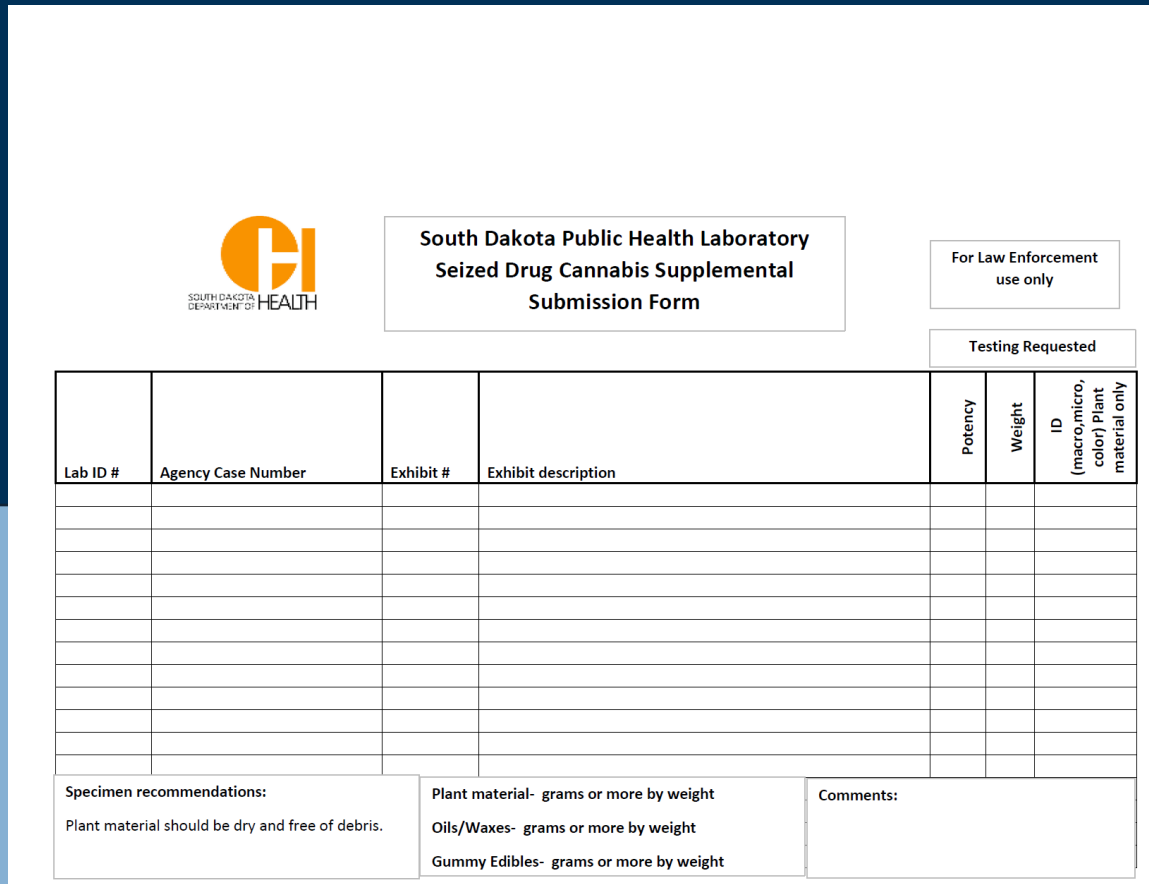
Rev. 06/05/2003

A digital version or physical carbon copy version is available.

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 #	Exhibit description	Potency	Weight	ID (macro,micro, color) Plant material only

Specimen recommendations:
Plant material should be dry and free of debris.

Plant material- grams or more by weight
Oils/Waxes- grams or more by weight
Gummy 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.**

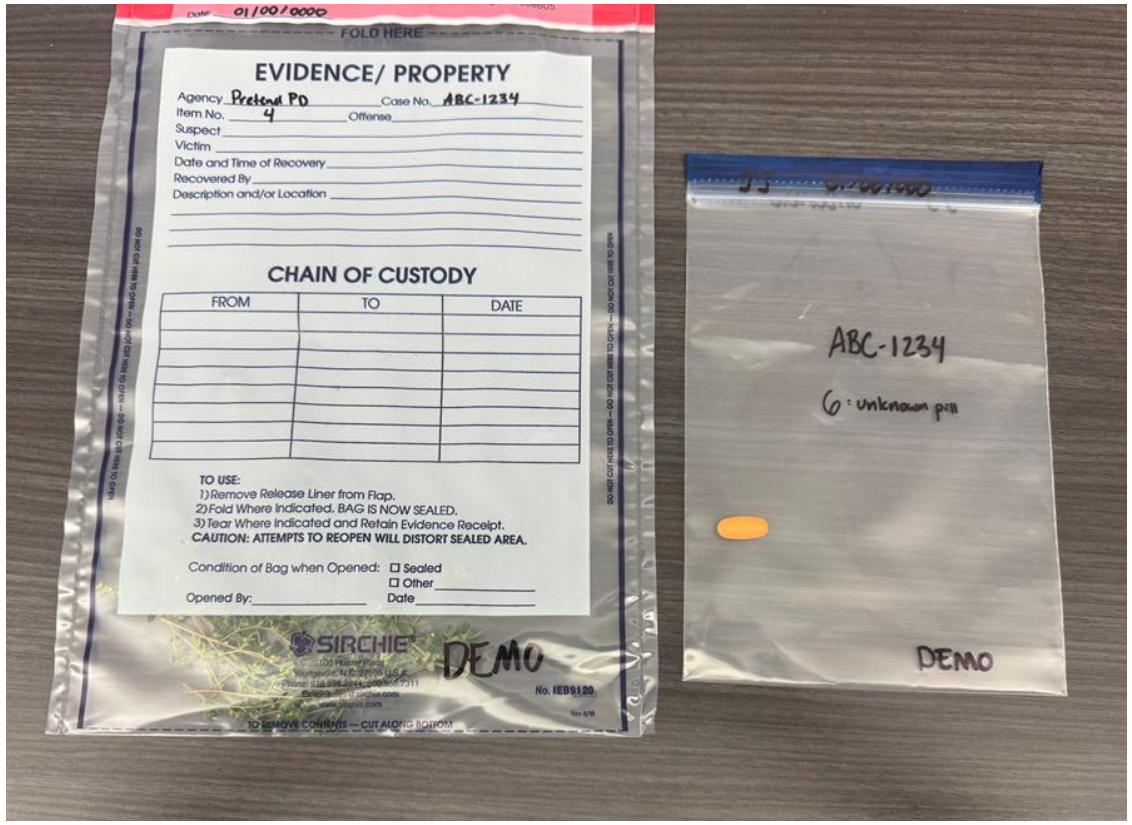
Cannabis Submission

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

Example of insufficient amount

Packaging Samples

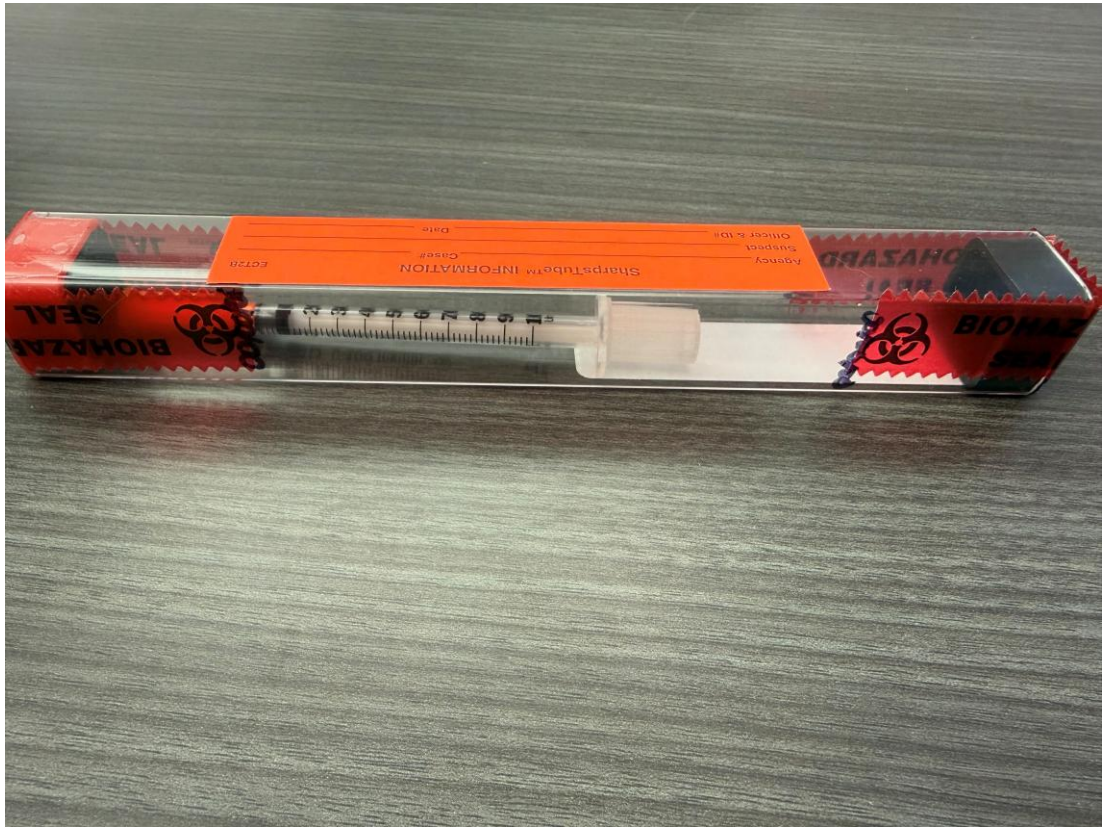
Two Evidence Examples



- 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

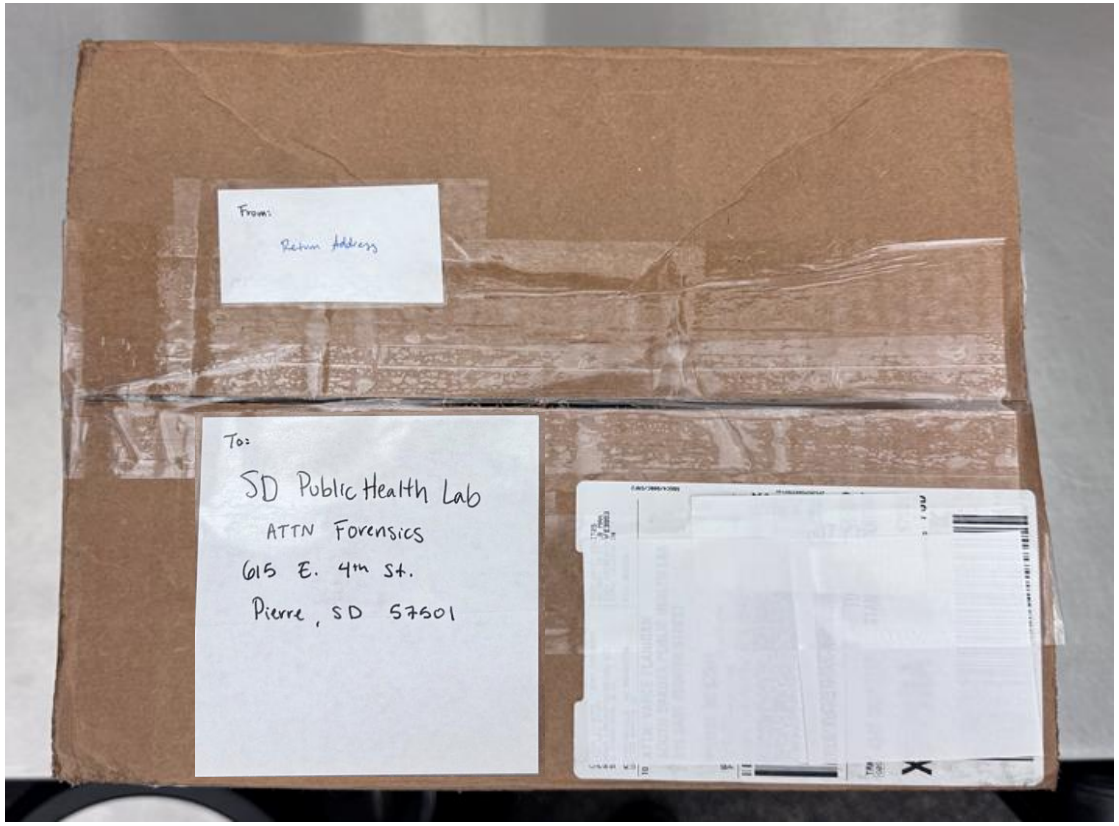
Hand Delivery/After Hour Drop-offs

- 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.

Vance Flanigan
Vance.Flanigan@state.sd.us
605-773-3640

Grace Campbell
Grace.Campbell@state.sd.us
605-773-3526


SOUTH DAKOTA
DEPARTMENT OF HEALTH
DOH.SD.GOV