1. You had a urine sample collected today while we were evaluating you based on a concern that you may have been the victim of a drug facilitated sexual assault (DFSA).
2. This sample may help you understand your experience.
3. Your urine sample will be shipped to the Vermont Forensic Laboratory (VFL) and held for 90 days, beginning today, ________________ (date of ED visit). If you decide that you do not want to have the sample tested within 90 days, it will be discarded and you will not be able to have the urine sample tested at a later date.
4. Testing may reveal drugs (legal or illegal) that you may have taken by choice. This information could be used in legal proceedings.
5. Some drugs cannot be detected because of the amount of time that has passed and other factors.
6. While results cannot prove or disprove that a person was drugged or sexually assaulted, they can be used as evidence in any criminal/legal proceedings related to the event.
7. If you choose to have the sample tested, fill out the enclosed form and mail it, using the pre-addressed envelope. If you don’t have the pre-addressed envelope, you can mail it to:
   
   Vermont Forensic Laboratory  
   P.O. Box 47  
   Waterbury, VT 05676-0047  
   Attention: Trisha Conti

8. Your sample will be sent for testing to NMS and report the results back to the VFL and they will send the results to you at the address you have provided. The test results will be mailed to you within 14 days.
   - If the analysis is negative (meaning the drugs tested for were not found) the sample will be discarded.
   - If the analysis is positive (meaning one or more drugs tested for were found) NMS will hold the sample for one year.
   - If there is a problem with the sample NMS you will be contacted.
   - The test results will not be part of your medical record or Sexual Assault Evidence Collection Kit
   - The hospital and the Vermont SANE Program will not have access to NMS results unless you provide it to us.
   - As part of an investigation, the police may ask for your consent to release this information. Even if you decline to share the results with the police, a court may order you to release the report.
9. You do not have to pay for this test. The cost is covered by the Vermont SANE Program. NMS will send a bill directly to the Vermont SANE Program. If you receive a bill, please contact the SANE Program or your advocate to correct the error.
10. If you have any questions, you can call your confidential advocacy program ________________ (name of local advocacy program) or the Vermont SANE Program at 802.223.1302 X 111.

Instructions for clinician: Original to patient, copy to patient’s medical record
To: Vermont Forensic Laboratory
   P.O. Box 47
   Waterbury, VT 05676-0047
   Attention: Trisha Conti

Date: ______________

From: ___________________ (Patient name)

Date of Birth: __________

This is a request to have my URINE sample tested for DFSA. Please send the results to:

Mailing address is _________________________
___________________________
___________________________

OR, as an email attachment, my email address is _________________________

___________________________

Signature and Date

Instructions for clinician: Original to patient, copy to patient’s medical record