

**VERMONT SANE PROGRAM  
COLLECTING MEDICAL SAMPLES IN  
SUSPECTED DRUG FACILITATED SEXUAL  
ASSAULTS**

**CONSENT FOR COLLECTION OF SAMPLE  
IN CASES OF SUSPECTED DRUG  
FACILITATED SEXUAL ASSAULT**

(Patient identifiers)

I, \_\_\_\_\_ (patient name) consent to the collecting of a urine sample for the purpose of identifying drugs that may have been used to facilitate sexual assault. I understand that the urine sample may detect drugs that I have taken by choice including, but not limited to, recreational and prescription drugs.

I understand that the sample will be sent to and held at the Vermont Forensic Laboratory. I understand that I must initiate the request to have the sample analyzed. I have been provided the information and paperwork needed to request the analysis.

I understand that the hospital and the Vermont SANE Program will not receive the results.

I acknowledge that I have received a copy of the Patient Instruction Sheet.

I understand that the results of the testing may be admissible as evidence in court.

\_\_\_\_\_  
(Patient signature)

\_\_\_\_\_  
(Date/time)

\_\_\_\_\_  
(Clinician/SANE signature)

\_\_\_\_\_  
(Date/time)

Check here to indicate that patient has received Patient Information Sheet/Testing Request Form