

2017 Toxicology Laboratory Survey

As the primary agency for enforcing the controlled substances laws and regulations of the United States, the Drug Enforcement Administration (DEA) strives to develop information sources on the prevalence and distribution of drugs commonly available and used and of emerging drugs. Since its inception in 1997, the National Forensic Laboratory Information System (NFLIS) has provided a systematic approach for collecting data on solid-dosage drug analyses conducted by Federal, State, and local forensic laboratories across the country. NFLIS has provided the DEA with an efficient, reliable, and comprehensive data resource for monitoring drug schedule actions; tracking drug trends; and identifying new substances of use, misuse, and abuse. NFLIS also provides the community with midyear, annual, and special reports on drug seizure data submitted by participating laboratories.

The DEA plans to enhance its efforts to combat diversion and identify new and emerging substances of misuse and abuse by expanding NFLIS to establish two additional continuous drug surveillance programs. These programs will provide the DEA with current information on drug-related mortality and toxicology findings supplied by censuses of medical examiner/coroner offices and toxicology laboratories to supplement the current drug seizure data from the forensic drug laboratories. To be effective, any plans to systematically collect this information must reflect a thorough understanding of the operations and data-reporting capabilities of medical examiner/coroner offices and toxicology laboratories.

The purpose of this survey is to gather key information from each toxicology laboratory in terms of organizational context, caseload, toxicology requesting practices, and capability of collecting and reporting a set of core data items (e.g., toxicology results). All of this information will be used to help the DEA to develop the aforementioned drug surveillance data system. Aggregated survey results will be provided in such a manner as the NFLIS periodic Survey of Crime Laboratory Drug Chemistry Sections.

Instructions for Completing the 2017 Toxicology Laboratory Survey

1. Refer to the jurisdictions your toxicology laboratory serves when answering questions. If your laboratory's jurisdiction includes more than one county, respond for all counties.
2. Answer all questions based on **calendar year 2016** data.
3. In some cases, you will be asked to skip certain questions based on your response.
4. Complete the survey by **September 22, 2017**, and return it by mail using the postage-paid envelope or using the online survey option at **Web site link**.
5. If you need assistance to answer any question, please e-mail RTI staff at **DEANFLISurveys@rti.org** or call RTI staff at **1-866-784-7723**.

We appreciate your voluntary responses because your participation is needed for the survey's success which will in turn, provide the information the DEA needs to launch critical national surveillance systems to combat our Nation's drug problem.

Section 1. Toxicology Laboratory Identification

The purpose of this section is to ensure that we have the correct contact information for your toxicology laboratory and to gather a general profile of your laboratory.

- We have the official name of your laboratory as [NAME]. Is this correct?
 - A. YES, this is correct.
 - B. NO, this is not correct. Please provide the corrected name below.

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- Please review the mailing address and contact information for this laboratory as shown below.

Address Line 1:	[Laboratory Mailing Address Line 1]
Address Line 2:	[Laboratory Mailing Address Line 2]
City:	[Laboratory City]
State:	[Laboratory State]
ZIP Code:	[Laboratory ZIP]
Telephone Number:	[Laboratory Telephone Number]
Extension:	[Laboratory Telephone Extension]

Is this information correct?

- A. YES, this is correct. → **Go to 3**
- B. NO, this is not correct. → **Go to 2a**

- 2a. Edit the mailing address and contact information below.

	Current Information on File	Enter Changes Below
Address Line 1:	[Laboratory Mailing Address Line 1]	
Address Line 2:	[Laboratory Mailing Address Line 2]	
City:	[Laboratory City]	
State:	[Laboratory State]	
ZIP Code:	[Laboratory ZIP]	
Telephone Number:	[Laboratory Telephone Number]	
Extension:	[Laboratory Telephone Extension]	

- We have the director/chief position of the [LAB NAME] shown below.

Honorific (e.g., Dr., Mr., Ms.):	[Honorific]
First Name:	[First Name]
Last Name:	[Last Name]
Title:	[Title]

Is this correct?

- A. YES, this is correct. → **Go to 4**
- B. NO, this is not correct. → **Go to 3a**

- 3a. Edit the contact information below.

Honorific (e.g., Dr.,
Mr., Ms.):
First Name:
Last Name:
Title:

Current Information on File	Enter Changes Below
[Honorific]	
[First Name]	
[Last Name]	
[Title]	

4. Select the best description of your laboratory. **Select only one option.**

- A. Publicly funded Federal laboratory → **Go to Question A1a**
A1a. How many people reside in the geographical areas your laboratory serves?
- B. Publicly funded State laboratory
- C. Publicly funded district/regional laboratory (serves a specified area in the State that could include multiple counties, municipalities, or locales) laboratory → **Go to C1a and C1b**
C1a. What geographic area(s) does your laboratory serve (e.g., District 9 - Florida, Staten Island Borough, New York City)?

C1b. How many people reside in the geographical areas your laboratory serves?

- D. Publicly funded county laboratory → **Go to D1a and D1b**
D1a. What county(ies) does your laboratory serve?

D1b. How many people reside in the geographical areas your laboratory serves?

- E. Publicly funded city/municipal laboratory → **Go to E1a and E1b**
E1a. What city(ies)/municipality(ies) does your laboratory serve?

E1b. How many people reside in the geographical areas your laboratory serves?

- F. Privately owned and operated laboratory. **Select all that apply.**
 - A. Clients nationwide
 - B. Regional clients (clients are mostly located in multiple nearby States)
 - C. Statewide clients (clients are mostly located throughout my State)

- D. Localized clients (clients are mostly located in my community or surrounding communities)
- E. University-affiliated laboratory
- F. Hospital-affiliated laboratory
- G. Other (please specify best characterization)

5. What type of organization is most directly responsible for your laboratory? **Select only one option.**

- A. Sheriff
- B. Police agency
- C. Coroner
- D. Medical examiner
- E. District attorney
- F. Federal government agency
- G. State government agency
- H. County government
- I. City government
- J. Private corporation
- K. University or college
- L. Other (please specify)

6. Which of the following services does your laboratory provide? **Select all that apply.**

- A. Laboratory provides many services (e.g., other forensics); toxicology is one service
- B. Laboratory provides only toxicology services
- C. Laboratory provides postmortem toxicology testing
- D. Laboratory provides toxicology testing in driving cases
- E. Laboratory provides clinical toxicology testing (e.g., pain management)
- F. Other (please specify)

7. Which of the following *best describes* your laboratory's organizational context? **Select all that apply.**

- A. Standalone facility with no organizational relationship to other laboratories
- B. Central laboratory in a network with electronic data sharing
- C. Central laboratory in a network with **no** electronic data sharing
- D. Satellite laboratory in a network that sends all data to a central laboratory

- E. Satellite laboratory in a network that sends only analysis results to a central laboratory
- F. Satellite laboratory in a network that retains all data
- G. Other (please specify)

8. Is your laboratory accredited by any organizations? **Select all that apply.**

- A. ANSI-ASQ National Accreditation Board (ANAB) (formerly American Society of Crime Laboratory Directors/Laboratory Accreditation Board [ASCLD/LAB])
- B. American Board of Forensic Toxicology (ABFT)
- C. National Laboratory Certification Program (NLCP)
- D. College of American Pathologists (CAP)
- E. Clinical Laboratory Improvement Amendments (CLIA)
- F. National Association of Medical Examiners (NAME)
- G. American Association for Laboratory Accreditation (A2LA)
- H. International Association of Coroners & Medical Examiners (IAC&ME)
- I. Other (please specify)

- J. NO

Section 2. Caseload and Testing Practices

This section asks about your **toxicology** caseload in **calendar year 2016**, types of inquiries, turnaround time, and selected drug and drug class toxicology requests for analysis.

Toxicology caseload: *These are cases submitted to the toxicology laboratory for analysis of drugs (e.g., drugs of abuse, prescription drugs) in biological matrices. This **excludes** any cases where only alcohol testing was performed, and any specimens analyzed for research purposes.*

9. Enter the total number of toxicology cases referred to your laboratory during **calendar year 2016**, excluding alcohol-only cases.

Check this box if the total number of referred cases is an estimate:

10. Of the total {Number populated from Question 9} toxicology cases performed for **calendar year 2016**, enter the number of cases based on the type of toxicological testing performed. If data are not available, provide an estimate and mark the square box to the right.

Instruction: If your laboratory does not perform toxicological testing for a specific are, enter 0 for the number of cases to move forward.

Toxicological Testing Performed	Number of Cases	Estimate
A. Postmortem testing		<input type="checkbox"/>
B. Clinical drug testing (e.g., substance abuse treatment, methadone maintenance, pain management, primary care, mental health)		<input type="checkbox"/>
C. Human performance (e.g., DUID, DFSA) testing		<input type="checkbox"/>
D. Workplace drug testing		<input type="checkbox"/>
E. Probation/parole testing		<input type="checkbox"/>
F. Performance-enhancing drug testing (e.g., sports testing)		<input type="checkbox"/>
G. Other (please specify)		<input type="checkbox"/>

11. In general, what is the average turnaround time, in days, for completion of a toxicology case, excluding alcohol only testing?

[NUMERIC FIELD – ALLOW UP TO 3 DIGITS]

12. What type of testing does your toxicology laboratory use for screening? **Select all that apply.**

- A. Immunoassay
- B. GC
- C. GC/MS
- D. LC
- E. LC/MS
- F. Other (please specify)

13. What type of testing does your toxicology laboratory use for confirmations? **Select all that apply.**

- A. GC
- B. GC/MS
- C. LC
- D. LC/MS

- E. LC/MS/MS
- F. TOF
- G. Other (please specify)

14. Does your toxicology laboratory report unconfirmed screening results?

- A. YES (please specify)

- B. NO

15. Are there instances where your laboratory performs toxicology testing for specific drugs that would be contrary to laboratory standard operating procedures (e.g., only based on client specifications)?

- A. YES (please specify)

- B. NO, we have a test all policy where every case submitted is tested for the same drugs.

16. In the case of novel psychoactive substances (e.g., synthetic cannabinoids), what is the normal course of action for requesting toxicology analysis? **Select only one option.**

- A. We submit these cases to a reference laboratory.
- B. We do not request for analysis of these substances.
- C. It is rare that we encounter these substances. Specify your normal course of action below.

17. Indicate the request frequency of the following drugs/drug classes that are typical for toxicology analysis.

Reference laboratory: *An off-site toxicology laboratory that a toxicology laboratory uses for additional testing. For example, a toxicology laboratory may send specimens to a reference laboratory for synthetic cannabinoid or synthetic cathinone testing.*

Drug/Drug Class	Toxicology Request Frequency			Quantitative Analysis Frequency			Reference Laboratory Please check if your laboratory requested toxicology analysis from any reference laboratories.
	<i>Always – testing for drug is part of a standard panel</i>	<i>Sometimes – testing is done on an individual case basis</i>	<i>Never – testing is never done for the particular drug or drug class</i>	<i>Always – positive results are always quantitated</i>	<i>Sometimes – positive results are quantitated on an individual case basis</i>	<i>Never – positive results are never quantitated for the particular drug or drug class</i>	
Alcohol	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Used reference

							laboratory
Amphetamines	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Used reference laboratory
Anticonvulsants	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Used reference laboratory
Antidepressants	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Used reference laboratory
Antipsychotics	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Used reference laboratory
Barbiturates	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Used reference laboratory
Benzodiazepines	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Used reference laboratory
Buprenorphine	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Used reference laboratory
Carisoprodol	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Used reference laboratory
Cocaine	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Used reference laboratory
Fentanyl	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Used reference laboratory
Fentanyl related substances (e.g., acetyl fentanyl)	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Used reference laboratory
Gabapentin	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Used reference laboratory
Heroin	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Used reference laboratory
Inhalants/volatiles	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Used reference laboratory
Ketamine	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Used reference laboratory
Marijuana/THC	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Used reference laboratory
Muscle relaxants	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Used reference laboratory
Opiates/opioids (other than heroin and fentanyl)	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Used reference laboratory
Over-the-counter medications (e.g., guaifenesin, ibuprofen)	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Used reference laboratory
Phencyclidine (PCP)	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Used reference laboratory
Phenethylamines (e.g., 2-Cl, 25I-NBOMe)	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Used reference laboratory
Piperazines (e.g., BZP, TFMPP)	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Used reference laboratory
Synthetic cannabinoids	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Used reference laboratory
Synthetic cathinones (e.g., bath salts)	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Used reference laboratory
Z-Drugs (e.g., zolpidem, zopiclone)	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Used reference laboratory

Section 3. Information Management System Overview

This section gathers information on whether your laboratory uses an electronic laboratory information system, whether your laboratory captures the core data items we are interested in collecting, and your laboratory's reporting capabilities.

18. How would you characterize your laboratory's records management system? **Select only one option.**

- A. Computerized, networked system → **Go to Question 20**
*A computerized system that is connected to a network on which personnel can access the same information from different computers. Networked does **not** mean that instrumentation is networked to the case management system so that toxicology results are automatically imported.*
- B. Computerized, non-networked system → **Go to Question 20**
*A computerized system that is **not connected** to a network on which personnel can access the same information from different computers.*
- C. Partially computerized system, some manual record-keeping → **Go to Question 20**
Some case data are stored in a computerized system, whereas other case data are stored as paper-based files.
- D. Manual record-keeping system → **Go to Question 19**
All case data are stored as paper-based files and are not accessible by a computer.
- E. Other (please describe) → **Go to Question 20**

19. Are there any plans in the next 3 years to transition to a computerized information management system?

- A. YES → **Go to Question 23**
- B. NO → **Go to Question 23**

20. Please provide the name of the information management system you are using.

- A. In-house laboratory information management system
- B. Bar Coded Evidence Analysis Statistics and Tracking (BEAST)
- C. Forensic Advantage
- D. JusticeTrax
- E. LabHealth
- F. Orchard Harvest
- G. VertiQ
- H. Epic
- I. Other (please specify)

- NO

- Don't know

21. Does your information management system have the ability to export customized files? **Select all that apply.**

- A. Comma-separated values (CSV) file
- B. Tab-delimited text
- C. XML
- D. Database (DBF, SQL)
- E. Text (TXT)
- F. Excel (XLS, XLSX)
- G. Access (MDB, ACCDB)
- H. Crystal Reports
- I. Other (please specify)

[FREE TEXT FIELD – MAXIMUM 300 CHARACTERS]

- J. NO
- K. Don't know

22. Does your laboratory have the ability to electronically transfer exported files? **Select all that apply.**

- A. E-mail only
- B. FTP upload
- C. HTTP upload
- D. Other (please specify)

[FREE TEXT FIELD – MAXIMUM 300 CHARACTERS]

- E. NO
- F. Don't know

23. Indicate whether your laboratory's case records capture the following data elements and whether they are stored electronically.

Core Data Items Collected by the Toxicology Laboratory	Data Item Is Available in Case Records	<p style="color: green; font-size: small;">[IF RESPONDENT SELECTS "D" FOR QUESTION 18, SKIP COLUMN]</p> Is the Data Item Stored in an Electronic Information Management System?
Requesting office type or agency (e.g., pain management, substance abuse treatment clinic, primary care, medical examiner/coroner office)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Case type (e.g., driving/postmortem/major crime)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Requesting office location (e.g., city, county, ZIP Code)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Case ID/Unique identifier	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Sex of individual	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Age of individual	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Drug(s) and metabolite(s) confirmed	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Concentration with units for confirmed results	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Sample matrix used for confirmation results	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Legitimately prescribed medications in patient profile	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

Section 4. Participation in a National Data Collection System

In this section, we ask about assistance needed if your laboratory volunteers to participate in this data collection, potential barriers to participation, and benefits that this data collection could provide to your laboratory.

24. What types of assistance would ease your participation in NFLIS? **Select all that apply.**

- A. Computer hardware
- B. Computer software
- C. Assistance with programming
- D. Direct financial assistance to support data acquisition and reporting
- E. Other (please specify)

25. Of the types of assistance that you specified in Question 24 that would ease your participation in NFLIS, which one is the most important? **Select all that apply.**

- A. Computer hardware
- B. Computer software
- C. Assistance with programming
- D. Direct financial assistance to support data acquisition and reporting
- E. Other (please specify)

26. Does your laboratory participate in any other drug-related data collection efforts? **Select all that apply.**

- A. National Violent Death Reporting System (NVDRS)
- B. Fatality Analysis Reporting System (FARS)
- C. State-based drug-related data collection (please specify)

- D. Other (please specify)

- E. NO

27. Generally, what are the main potential barriers for your laboratory to participate in data collection efforts? **Select all that apply.**

- A. Lack of electronic records
- B. Lack of resources for data conversion to other systems
- C. Concerns about privacy
- D. Unavailable personnel to work on project
- E. Unavailable personnel for software, IT, and so forth needed for this project
- F. Unwillingness to share data with Federal agencies
- G. Political climate or restrictions
- H. Resource limitations
- I. Concerns that the effort will not benefit my jurisdiction, office, or laboratory
- J. Other barriers (please specify)

- K. None of the above

28. What information from NFLIS resulting from this project would be most beneficial to your laboratory? **Select all that apply.**

- A. Drug frequency trends
- B. New drug trends
- C. Practices of other laboratories
- D. Our laboratory does not see a benefit from this project
- E. Other benefits (please specify)

29. We would like to collect the contact information of the person who has completed this survey. Your contact information would be used if there are questions about answers you have provided and possible future contact related to NFLIS participation.

Honorific (e.g., Dr., Mr., Ms.):	
First Name:	
Last Name:	
Title:	
Telephone Number:	
Extension:	
E-mail Address:	

Thank you screen

We appreciate your time and responses because your participation will help inform DEA's efforts to launch two important national drug surveillance systems.