

Attachment 1a: Screen Shots - Customer Feedback Forensic Toxicology

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	▶
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Exit Survey

OMB Control No. 0920-1050
Exp. Date 05/31/2022

The Division of Overdose Prevention at the Centers for Disease Control and Prevention (CDC), in collaboration with state health departments, would like to ask you about the forensic toxicology testing patterns that is used to investigate suspected drug overdose deaths. Answers will inform CDC efforts to support comprehensive forensic toxicology testing of suspected drug overdose deaths, particularly those involving opioids and other psychoactive substances. The information gathered by this survey will not be identified by individuals or offices responding. If you have questions about the survey, please contact jbitting@cdc.gov. Please read all questions carefully and answer as best as you can. Some questions require you to check all that apply or provide text responses. You may need to consult with other people (e.g., contact at lab conducting testing) to answer all questions. You can save and leave the survey to complete later if needed.

Public reporting burden of this collection of information is estimated to average 30 minutes per respondent. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia, 30333; ATTN: PRA (0920-1050).

TOX Survey

◀
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
▶

🖨️ Exit Survey

1. Please indicate the job of the person(s) completing this survey. (Please check all that apply)

Coroner

Medical Examiner

Administrative staff

Forensic Pathologist

Other, specify:

BACKGROUND QUESTIONS ABOUT YOUR OFFICE: This section asks you to describe your office, including any accreditation.

2. Select the state in which you work. If you work in more than one state, please list the state in which your primary office is located followed by the other state(s) in which you work:

Primary Office

Secondary Office

Other State(s)

3. Which of the following best identifies the type of office you work in? (Please select only one response)

Medical Examiner Office

Coroner Office

Other - specify:

3b. Please specify the type of Coroner in charge of your office. (Please select only one response):

Coroner - forensic pathologist

Coroner -- non-physician/non-sheriff

Coroner/Medical Examiner -- forensic pathologist

Coroner -- non-physician/sheriff

Coroner -- other physician

Other specify:

Coroner/Medical Examiner -- other physician

[< Previous](#)

[🖨️ Finish later](#)

[Continue >](#)

TOX Survey

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Exit Survey

1. Please indicate the job of the person(s) completing this survey. (Please check all that apply)

Coroner Medical Examiner

Administrative staff Forensic Pathologist

Other, specify:

BACKGROUND QUESTIONS ABOUT YOUR OFFICE: This section asks you to describe your office, including any accreditation.

2. Select the state in which you work. If you work in more than one state, please list the state in which your primary office is located followed by the other state(s) in which you work:

Primary Office Secondary Office Other State(s)

3. Which of the following best identifies the type of office you work in? (Please select only one response)

Medical Examiner Office Coroner Office Other - specify:

3a. Please specify the type of Medical Examiner in charge of your office. (Please select only one response):

Medical Examiner - forensic pathologist Other - specify:

Medical Examiner - other physician

Previous Finish later Continue

NOTE: Question #3 has a skip pattern. The first of two options is shown on this page. If the respondent checks "Medical Examiner Office" in response to question #3, they will be asked question #3b: "Please specify the type of Medical Examiner in charge of your office. (Please select only one response):"

TOX Survey

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Exit Survey

1. Please indicate the job of the person(s) completing this survey. (Please check all that apply)

Coroner Medical Examiner

Administrative staff Forensic Pathologist

Other, specify:

BACKGROUND QUESTIONS ABOUT YOUR OFFICE: This section asks you to describe your office, including any accreditation.

2. Select the state in which you work. If you work in more than one state, please list the state in which your primary office is located followed by the other state(s) in which you work:

Primary Office Secondary Office Other State(s)

3. Which of the following best identifies the type of office you work in? (Please select only one response)

Medical Examiner Office Coroner Office Other - specify:

Previous Finish later Continue

NOTE: Question #3 has a skip pattern. The second of two options is shown on this page. If the respondent does not check "Medical Examiner Office" in response to question #3, the next question the respondent will be asked is #4.

TOX Survey

◀ 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 ▶



Exit Survey

4. What entity operates your jurisdiction's death investigation system?

- City State Other specify:
- County Regional (e.g. District)

5. Is your office accredited by any of the following? (check all that apply)

- National Association of Medical Examiners (NAME)
- International Association of Coroners & Medical Examiners (IACME)
- College of American Pathologists (CAP)
- Other, specify:

5a. If your office is not accredited, is your office currently seeking accreditation or planning to seek accreditation in the future? (Please select one)

- Not seeking accreditation in near future
- Yes, currently seeking accreditation/obtained provisional accreditation, specify accreditation:
- Yes, plan to seek accreditation in the near future, specify accreditation:

5b. Please list the top two or three barriers or challenges to seeking accreditation?

1.
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◀ Previous

Finish later

Continue ▶

TOX Survey

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15



Exit Survey

6. List the professional guidelines/standards you currently use for conducting autopsies and post-mortem toxicology testing (Please write "none" if no standards are used):

1.
2.
3.

7. What is the approximate number of drug overdose deaths (where any drug contributed to death) investigated by your office in 2019?

FORENSIC TOXICOLOGY TESTING OF A SUSPECTED DRUG OVERDOSE DEATH: This section asks about the toxicology tests that are ordered for suspected drug overdose deaths (i.e., all drug poisonings).

8. In 2020, did your office order toxicology tests on suspected drug overdose deaths?

- No another office in the state collects all specimens and orders tests
- Yes my office orders toxicology tests

[← Previous](#)[Finish later](#)[Continue →](#)

TOX Survey

◀ 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 ▶

🖨️ Exit Survey

9. Describe the laboratories your office uses to conduct toxicology testing of suspected drug overdose deaths (i.e., all drug poisonings) in 2020. Providing the names of the laboratories allows us to better identify opportunities to support forensic toxicology testing in the future.

	<u>Name of laboratory</u>	<u>Type of laboratory</u>	<u>Percent of specimens from suspected drug overdose deaths usually sent to this lab</u>	<u>How do you receive the results for most of the cases you send to this lab? (50% or more of cases)</u>	<u>Primary reason(s) for using this laboratory? (check all that apply):</u>
1.	<input type="text"/>	<input type="text" value="Select"/> ▼	<input type="text" value="Select"/> ▼	<input type="text" value="Select"/> ▼	<input type="checkbox"/> Accreditation <input type="checkbox"/> Cost <input type="checkbox"/> Convenience <input type="checkbox"/> Trust/reliability <input type="checkbox"/> Scope of testing <input type="checkbox"/> Mandated use <input type="checkbox"/> Other-specify: <input type="text"/>
	If other, please describe:	<input type="text"/>		<input type="text"/>	
2.	<input type="text"/>	<input type="text" value="Select"/> ▼	<input type="text" value="Select"/> ▼	<input type="text" value="Select"/> ▼	<input type="checkbox"/> Accreditation <input type="checkbox"/> Cost <input type="checkbox"/> Convenience <input type="checkbox"/> Trust/reliability <input type="checkbox"/> Scope of testing <input type="checkbox"/> Mandated use <input type="checkbox"/> Other-specify: <input type="text"/>
	If other, please describe:	<input type="text"/>		<input type="text"/>	

(continued on next page)

◀ Previous

🖨️ Finish later

Continue ▶

TOX Survey

(continued from previous page)

	Name of laboratory	Type of laboratory	Percent of specimens from suspected drug overdose deaths usually sent to this lab	How do you receive the results for most of the cases you send to this lab? (50% or more of cases)	Primary reason(s) for using this laboratory? (check all that apply):
3.	<input type="text"/>	Select <input type="button" value="v"/>	Select <input type="button" value="v"/>	Select <input type="button" value="v"/>	<input type="checkbox"/> Accreditation <input type="checkbox"/> Cost <input type="checkbox"/> Convenience <input type="checkbox"/> Trust/reliability <input type="checkbox"/> Scope of testing <input type="checkbox"/> Mandated use <input type="checkbox"/> Other-specify: <input type="text"/>
	If other, please describe: <input type="text"/>				
4.	<input type="text"/>	Select <input type="button" value="v"/>	Select <input type="button" value="v"/>	Select <input type="button" value="v"/>	<input type="checkbox"/> Accreditation <input type="checkbox"/> Cost <input type="checkbox"/> Convenience <input type="checkbox"/> Trust/reliability <input type="checkbox"/> Scope of testing <input type="checkbox"/> Mandated use <input type="checkbox"/> Other-specify: <input type="text"/>
	If other, please describe: <input type="text"/>				
5.	<input type="text"/>	Select <input type="button" value="v"/>	Select <input type="button" value="v"/>	Select <input type="button" value="v"/>	<input type="checkbox"/> Accreditation <input type="checkbox"/> Cost <input type="checkbox"/> Convenience <input type="checkbox"/> Trust/reliability <input type="checkbox"/> Scope of testing <input type="checkbox"/> Mandated use <input type="checkbox"/> Other-specify: <input type="text"/>
	If other, please describe: <input type="text"/>				

Previous

Finish later

Continue

TOX Survey

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Exit Survey

TOXICOLOGY TESTING POLICIES FOR SUSPECTED DRUG OVERDOSE DEATHS IN

2020

10. Identify the approach your office typically uses to order toxicology tests when investigating a suspected drug overdose death in 2020? (please select one response)

- Conduct a screening test to determine what additional tests should be done (e.g. confirmatory testing).
- Conduct a standard set of screening and confirmatory analyses offered by the laboratory. Additional tests are run rarely.
- Conduct a standard set of screening and confirmatory tests offered by the laboratory with additional analyses often done after receiving initial results (e.g. targeted testing for fentanyl analogs).
- Other specify:

11. In 2020, how often does your office order targeted analysis for drugs/drug metabolites not included in screening and confirmatory testing (e.g., order additional testing for fentanyl analogs or synthetic cathinones that are not included on standard screening and confirmatory tests)?

- Never (0%)
- Sometimes (34-67%)
- Almost always (91-100%)
- Rarely (1-33%)
- Often (68-90%)

Previous

Finish later

Continue

TOX Survey

◀ 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 ▶

📄 Exit Survey

SUBSTANCE/SUBSTANCE CLASS-SPECIFIC TESTING: This section asks about which drugs are tested for during investigations of suspected drug overdose deaths as well as the type of specimens collected. Please answer for investigations conducted in 2020.

12. For each substance class and specific substances listed below, please indicate how frequently it is ordered for suspected drug overdose deaths:

- a. Never (0%)
- b. Rarely (1-33%),
- c. Sometimes (34-67%),
- d. Often (68-90%), or
- e. Almost always (91-100%).

If you are not sure how to answer these questions, please consult your forensic toxicologist.

Volatiles

1. Acetone, Ethanol, Isopropanol, Methanol, Others, (e.g., Inhalants)

Select ▼

Amphetamines

2. Amphetamine

Select ▼

3. Methamphetamine

Select ▼

4. Methylenedioxymethamphetamine (MDMA)

Select ▼

5. Barbiturates

Select ▼

6. Benzodiazepines

Select ▼

Cannabinoids

7. Cannabinoids (marijuana, THC)

Select ▼

8. Synthetic cannabinoids (e.g., K2 or Spice)

Select ▼

◀ Previous

📄 Finish later

Continue ▶

TOX Survey

◀ 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 ▶



Exit Survey

9. Cocaine

Select ▼

Opiates/Semi-synthetic Opioids

10. Common opioid medications (e.g., hydrocodone, methadone, morphine, oxycodone)

Select ▼

11. Buprenorphine

Select ▼

12. 6-AM (metabolite of heroin)

Select ▼

Synthetic Opioids

13. Fentanyl

Select ▼

14. Fentanyl analogs

Select ▼

15. Other synthetic opioids (e.g., U-47700)

Select ▼

Opioid Antagonist

16. Naloxone

Select ▼

Other Prescription Medications

17. Anticonvulsants/anti-seizure (e.g., lamotrigine)

Select ▼

18. Antidepressants (e.g., citalopram)

Select ▼

19. Antipsychotics (e.g., quetiapine)

Select ▼

20. Muscle relaxants (e.g., carisoprodol)

Select ▼

21. Sedative-hypnotics (e.g., zolpidem)

Select ▼

◀ Previous

Finish later

Continue ▶

TOX Survey

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15

Exit Survey

New Psychoactive Substances (NPS)

- 22. Cathinones
- 23. Phenethylamines
- 24. Piperazines
- 25. Tryptamines
- 26. Other NPS (e.g., designer benzodiazepines)

Specific Analytes

- 27. Gabapentin
- 28. Gamma-hydroxybutyrate (GHB)
- 29. Ketamine
- 30. Lysergic Acid Diethylamide (LSD)
- 31. Mitragynine (Kratom)
- 32. Phencyclidine
- 33. Xylazine

Other Drugs, not mentioned

- 1.
- 2.
- 3.
- 4.
- 5.

- 34. Over-the-Counter Medications

Previous

Finish later

Continue

TOX Survey

◀ 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 ▶

📄 Exit Survey

13. For each specimen source below, please answer two questions about its use in 2020 drug overdose death investigations:

- a. Preferred source for testing - Does your office want to test this specimen source for suspected drug overdose deaths (i.e., it is a preferred source for every case if resources were unlimited)?
- b. Often submitted for testing - Did your office often obtain and test the specimen source for suspected drug overdose deaths occurring in 2020 (i.e., tested specimen source for greater than 67% (roughly two-thirds) of suspected drug overdose deaths where possible)?

Preferred source	Routinely-obtained source
Blood- peripheral <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know	Blood- peripheral <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know
Blood- central <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know	Blood- central <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know
Blood-other, post-mortem <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know	Blood-other, post-mortem <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know
Blood-antemortem (e.g., hospital) <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know	Blood-antemortem (e.g., hospital) <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know
Urine <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know	Urine <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know
Bile <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know	Bile <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know
Vitreous fluid <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know	Vitreous fluid <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know
Stomach contents <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know	Stomach contents <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know

(continued on next page)

◀ Previous

📄 Finish later

Continue ▶

TOX Survey

◀ 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 ▶

🖨️ Exit Survey

continued from previous page

Preferred source	Routinely-obtained source
Tissue (e.g., liver, kidney, brain)	Tissue (e.g., liver, kidney, brain)
<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know
Oral cavity fluid	Oral cavity fluid
<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know
1. Other, Specify: <input type="text"/> <input type="button" value="Select"/> ▼	1. Other, Specify: <input type="text"/> <input type="button" value="Select"/> ▼
2. Other, Specify: <input type="text"/> <input type="button" value="Select"/> ▼	2. Other, Specify: <input type="text"/> <input type="button" value="Select"/> ▼
3. Other, Specify: <input type="text"/> <input type="button" value="Select"/> ▼	3. Other, Specify: <input type="text"/> <input type="button" value="Select"/> ▼

14. Were there suspected drug overdose deaths in 2020 for which you were unable to perform all tests you wanted to run (e.g., comprehensive testing for all novel psychoactive substances - NPS)?
 Yes No

14a. If yes, how often in 2020 were you unable to perform all desired tests for suspected drug overdose deaths?

- Never (0%) Sometimes (34-67%) Almost always (91-100%)
 Rarely (1-33%) Often (68-90%)

14b. Provide the top three reasons you were unable to perform all desired tests for suspected drug overdose deaths in 2020.

1.
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3.

◀ Previous

🖨️ Finish later

Continue ▶

TOX Survey

◀ 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 ▶



Exit Survey

TURNAROUND TIME AND COST OF DEATH INVESTIGATIONS OF SUSPECTED DRUG OVERDOSE DEATHS

15. In 2020, what is the average cost to perform toxicology testing per suspected drug overdose death investigation in your office?

16. How often is an autopsy performed for suspected drug overdose deaths?

- Never (0%) Sometimes (34-67%) Almost always (91-100%)
 Rarely (1-33%) Often (68-90%)

17. After accepting jurisdiction, does your office experience substantial delays in conducting autopsies for drug overdose deaths?

Yes ▼

17a. Please list the top three barriers to conducting autopsies in a timely manner.

1.
2.
3.

FROM THE DATE OF DEATH, IN DAYS:

18. For most cases, what is the turnaround time to obtain post-mortem toxicology testing results?

- 30 days or less 31 to 60 days 61 to 90 days More than 90 days

[◀ Previous](#)[📄 Finish later](#)[Continue ▶](#)

◀ 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 ▶

Exit Survey

19. For most cases, what is the turnaround time from the date of post-mortem examination to determining cause of death and finalizing the report?

30 days or less 61 to 90 days More than 120 days
 31 to 60 days 91 days to 120 days

GAPS

20. Did your office receive funding from your state health department as part of the CDC Overdose Data to Action grant?

Select

If yes, please describe how you are using the funds:

Super: Internet Explorer

21. Would epidemiologic reports provided to you by your state health departments on the drugs involved in overdose deaths every 6 months be useful?

Select

If yes, at what level? (Please check all that apply)

- Local Regional
 State National

22. Please describe any gaps or challenges your office faces in collecting toxicologic information on suspected drug overdose deaths.