

DRUG ENFORCEMENT ADMINISTRATION



NATIONAL FORENSIC LABORATORY  
INFORMATION SYSTEM

## 2022 Medical Examiner and Coroner Survey



Diversion Control Division  
Drug Enforcement Administration

Conducted by



## **National Forensic Laboratory Information System Medical Examiner and Coroner Survey**

The purpose of the National Forensic Laboratory Information System (NFLIS) Medical Examiner and Coroner (MEC) survey is to gather key information from every U.S. MEC office about its caseload, toxicology requesting practices, and capability of collecting and reporting important data items (e.g., toxicology results).

This information will be used to update information gathered during the 2017 MEC Survey and to help the Drug Enforcement Administration (DEA) further enhance its drug surveillance data system, which provides an efficient, reliable, and comprehensive data resource for monitoring drug scheduling actions; tracking drug trends; and identifying new substances of use, misuse, and abuse. Aggregated survey results will be posted on the NFLIS website:

[www.nflis.deadiversion.usdoj.gov](http://www.nflis.deadiversion.usdoj.gov).

The survey will take approximately 45 minutes. Participation in the NFLIS-MEC survey is voluntary, but your information is vital to NFLIS and valuable to the MEC community. Responses to the survey will be kept confidential and only aggregate results will be reported.

## Instructions for Completing the 2022 NFLIS-MEC 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 2021** data.
3. Please use a **BLACK** or **DARK BLUE** ink pen (enclosed) to mark your answers.
4. Be sure to read all the answer choices before marking your answer.
5. Some questions ask you to select only one answer option while others ask you to select all that apply. Look for instructions in *italics* after the question telling you which response style is appropriate for that item.
6. Sometimes the instructions will say to skip one or more questions. Look for notes in **bold** telling you whether you should go to a particular question based on your response. If there is no note, go to the next question.
7. Answer all questions by filling in the circle or square next to your answer choice, like this:

### Example

1. **Did you read this question?** *Select only one option.*

- Yes → **Skip to Question 3**  
 No

## Submission Instructions

After completing the form, log onto our website and enter your responses online. This will ensure a timely, secure, and confirmed receipt of your data.

URL: <https://surveys.nflis.deadiversion.usdoj.gov>

Alternatively, you may scan your survey and upload it to the website.

If you are unable to enter information online or upload your survey, return the completed paper survey to:

RTI International  
ATTN: Data Capture (NFLIS-MEC)  
5265 Capital Boulevard  
Raleigh, NC 27690

If you need assistance with logging onto the website or help with answering any question, please e-mail RTI staff at [XXXXXXXXXXXX@rti.org](mailto:XXXXXXXXXXXX@rti.org) or call RTI staff at **1-###-###-####**.

We appreciate your voluntary responses. Your participation provides information needed to continue a critical resource that supports the DEA's core mission of enforcing the nation's drug laws.

**Thank you for your time!**

## SECTION 1: MEDICAL EXAMINER/CORONER OFFICE IDENTIFICATION

The purpose of this section is to ensure that we have the correct contact information for your medical examiner/coroner office and to gather a general profile of your office.

**1. We have the official name of your office as:**

[FILL]

Is this correct? Select only one option.

- A. Yes, this is correct.
- B. No, this is not correct.

→ Please provide the corrected name below.

**2. Please review the mailing address for this office as shown below. Is this correct? Select only one option.**

- A. Yes, this is correct.
- B. No, this is not correct. Please update the information below: →

	Current Information on File	Enter Needed Changes Below
Address Line 1:	<span style="background-color: #00ff00; padding: 2px;">[FILL]</span>	
Address Line 2:	<span style="background-color: #00ff00; padding: 2px;">[FILL]</span>	
City:	<span style="background-color: #00ff00; padding: 2px;">[FILL]</span>	
State:	<span style="background-color: #00ff00; padding: 2px;">[FILL]</span>	
ZIP Code:	<span style="background-color: #00ff00; padding: 2px;">[FILL]</span>	

**3. We have the chief position (e.g., chief medical examiner/coroner) of your office as shown below. Is this correct? Select only one option.**

- A. Yes, this is correct.
- B. No, this is not correct. Please update the information below: →

	Current Information on File	Enter Needed Changes Below
Honorific (e.g., Dr., Mr., Ms.):	<span style="background-color: #00ff00; padding: 2px;">[FILL]</span>	
First Name:	<span style="background-color: #00ff00; padding: 2px;">[FILL]</span>	
Last Name:	<span style="background-color: #00ff00; padding: 2px;">[FILL]</span>	
Telephone Number:	<span style="background-color: #00ff00; padding: 2px;">[FILL]</span>	
Extension:	<span style="background-color: #00ff00; padding: 2px;">[FILL]</span>	
Email Address:	<span style="background-color: #00ff00; padding: 2px;">[FILL]</span>	

4. We have the name and title of the chief position in your toxicology laboratory (e.g., chief toxicologist) as shown below. Is this correct? *Select only one option.*

- A. Yes, this is correct.
- B. No, this is not correct. *Please update the information below:* →

	Current Information on File	Enter Needed Changes Below
Honorific (e.g., Dr., Mr., Ms.):	[FILL]	
First Name:	[FILL]	
Last Name:	[FILL]	
Job Title:	[FILL]	

- C. Our office does not have a toxicology laboratory

5. Does your office use an off-site toxicology laboratory (e.g., State/local crime, private, or health laboratory)?

*Off-site toxicology laboratory: A toxicology laboratory that is not located within your medical examiner/coroner office or department.*

- A. Yes
- B. No → Skip to Question 7

6. Enter the name and location of each off-site toxicology laboratory (e.g., State/local crime, private, or health laboratory) used by your office.

	Laboratory Name	Laboratory City	Laboratory State
1			
2			
3			
4			
5			
6			

7. What jurisdiction(s) does your office serve (e.g., State of North Carolina; Orange County, Florida; New York City; First Judicial District)?

8. Select the best description of your office. Select only one option.

- A. State medical examiner office
- B. District/regional medical examiner office
- C. County medical examiner office
- D. City medical examiner office
- E. District/regional coroner office
- F. County coroner office
- G. City coroner office
- H. Justice of the Peace
- I. Private autopsy facility serving the medical examiner/coroner community

→ 8A. How many cases were referred to your office during calendar year 2021, including all cases in which your office conducted a death investigation for the jurisdictions you serve?

,     cases

Please mark here if this number is an estimate

→ 8B. How many autopsy examinations did your office perform for the jurisdictions you serve?

,     examinations

Please mark here if this number is an estimate

→ Skip to Question 29

- J. None of the above → Skip to Question 29

9. What are the responsibilities of your office? Select all that apply.

- A. Determine the cause of death
- B. Determine the manner of death
- C. Conduct death investigations
- D. Perform scene investigations
- E. Transport the decedent from location of death
- F. Order toxicology testing (directly or indirectly)
- G. None of the above → Skip to Question 29

## SECTION 2: CASELOAD AND TESTING PRACTICES

This section asks about your caseload in calendar year 2021, types of inquiries, turnaround time, and selected drug and drug class toxicology requests for analysis.

- 10. Enter the total number of cases referred to your office during calendar year 2021, including all cases in which your office conducted a death investigation or documented referral of the case to your office.**

**Referred cases:** *The number of human death cases referred to medical examiner/coroner offices by medical and law enforcement personnel.*

,      cases  Please mark here if this number is an estimate

- 11. For calendar year 2021, enter the total number of human death cases accepted by your office. Do not include cremation approval cases or cases in which jurisdiction was declined.**

**Accepted cases:** *The number of human death cases for which the medical examiner/coroner office accepted jurisdiction and conducted further investigations to determine cause and manner of death and completed the death certificate.*

,      deaths  Please mark here if this number is an estimate

- 12. Of the total accepted cases for calendar year 2021, enter the number of cases that included any of the following procedures performed by your office or by an off-site laboratory at your request. If data are not available, provide an estimate and mark the square box to the right.**

**Instruction:** *If your office did not perform a type of inquiry below, enter 0 for the number of cases for that type.*

Type of Inquiry	Number of Cases	Estimate
A. Death scene investigation	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input type="checkbox"/>
B. Autopsy performed	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input type="checkbox"/>
C. Toxicology analysis	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input type="checkbox"/>
D. External examination only	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input type="checkbox"/>
E. Review of medical records only	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input type="checkbox"/>

- 13. For calendar year 2021, enter the total number of overdose death cases accepted by your office. Do not include cremation approval cases or cases in which jurisdiction was declined.**

,      deaths  Please mark here if this number is an estimate

14. Of the total accepted overdose cases for calendar year 2021, enter the number of cases that fell into the following categories. If data are not available, provide an estimate and mark the square box to the right.

**Instruction:** If your office did not have a case that fell into the categories below, enter 0 for the number of cases for that type.

Type of Overdose Death	Number of Cases	Estimate
A. Accident	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
B. Suicide	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
C. Homicide	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
D. Undetermined	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>

15. Are there instances where your office requests toxicology testing for specific drugs based on the type of case (e.g., more extensive testing requested for a gunshot wound vs. a vehicle crash)?

- A. Yes
- B. No → Skip to Question 17
- C. Decision made by someone else → Skip to Question 17

16. What instances warrant specific testing for drugs? Check all that apply.

- A. Decedent has history of drug abuse
- B. Suspected overdose case
- C. Suspicious death (e.g., death of a child, poisoning)
- D. Suicide
- E. Drowning
- F. Deaths at work
- G. Other acute accidents
- H. Case with any other drug connection (e.g., drug paraphernalia found with body)
- I. Homicides/suspicious for criminal involvement
- J. Motor Vehicle-related death
- K. Fire-related death
- L. Police-involved deaths
- M. Death in custody
- N. Hospital
- O. Other:



17. Does your office perform toxicology screening (i.e., presumptive tests such as immunoassay, rapid urine drug screen at autopsy) prior to sending to a toxicology laboratory?
- A. Yes
- B. No
18. In the case of emerging drugs, what is the normal course of action for requesting toxicology analysis? Check all that apply.
- A. We do not conduct an analysis of these substances
- B. We conduct some/all emerging drug testing in-house
- C. We screen for some emerging drugs in-house and then send to an off-site laboratory for confirmation
- D. We submit to a State laboratory or medical examiner's office
- E. We submit to a private reference laboratory
- F. Other
19. On average, how long does it take, in days, to receive toxicology results when an autopsy is performed?
- days  Please mark here if this number is an estimate
20. On average, how long does it take, in days, to receive toxicology results when no autopsy is performed?
- days  Please mark here if this number is an estimate
21. On average, how long does it take, in days, to finalize a cause of death when an autopsy is performed?
- days  Please mark here if this number is an estimate
22. On average, how long does it take, in days, to finalize a cause of death when no autopsy is performed?
- days  Please mark here if this number is an estimate
23. In cases where a drug is found as a cause or contributing cause of death, which of the following best describes what would typically be listed as the cause of death on the death certificate? Select only one option.
- A. All of the drug class(es) (e.g., opiates, benzodiazepines) would be listed on the death certificate.
- B. Some of the drug class(es) would be listed on the death certificate.
- C. All of the specific drug(s) (e.g., oxycodone, lorazepam) would be listed on the death certificate.
- D. Some of the specific drug(s) would be listed on the death certificate.
- E. A mixture of specific drug(s) and drug class(es) would be listed on the death certificate.
- F. None of the specific drugs or classes would be listed or it would only reflect overdose.

24. For the 2021 calendar year, indicate the request frequency of the following drugs/drug classes that your office requests for toxicology analysis.

<u>Drug/Drug Class</u>	<u>Toxicology Request Frequency</u>			<u>Quantitative Analysis Frequency</u>		
	<b>Routinely:</b> testing is part of a standard panel <b>Sometimes:</b> testing is done on an individual case basis <b>Rarely:</b> testing is rarely done			<b>Routinely:</b> testing is part of a standard panel <b>Sometimes:</b> testing is done on an individual case basis <b>Rarely:</b> testing is rarely done		
	Routinely	Sometimes	Rarely	Routinely	Sometimes	Rarely
1. Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Amphetamines/ Methamphetamines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Anticonvulsants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Antidepressants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Antipsychotics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Barbiturates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Benzodiazepines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Designer benzodiazepines (e.g., clonazolam, flualprazolam)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Buprenorphine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Fentanyl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Fentanyl-related compounds (e.g., acetyl fentanyl, furanyl fentanyl)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Gabapentin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Inhalants/volatiles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Marijuana/THC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Muscle relaxants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Opiates/opioids (other than heroin and fentanyl)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Emerging synthetic opioids (AP, benzimidazoles, U- compounds)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Over-the-counter medications (e.g., guaifenesin, ibuprofen)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Phencyclidine (PCP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Phenethylamines (e.g., 2-CI, 25I- NBOMe)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Piperazines (e.g., BZP, TFMP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Synthetic cannabinoids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Synthetic cathinones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Z-drugs (e.g., zolpidem, zopiclone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### SECTION 3: RECORDS MANAGEMENT SYSTEM OVERVIEW

This section gathers information on whether your office uses a records management system, whether your office captures the core data items we are interested in collecting, and your office's reporting capabilities.

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

- A. Computerized, networked system  
*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 records management system so that toxicology results are automatically imported.*
  - B. Computerized, non-networked system  
*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  
*Some case data are stored in a computerized system, whereas other case data are stored as paper-based files.*
  - D. Fully computerized system with duplicated manual records  
*Case data are stored in a computerized system with duplicated manual records as back-up.*
  - E. Manual record-keeping system only  
*All case data are stored as paper-based files and are not accessible by a computer.*
- **25A. Are there any plans in the next 3 years to transition to a computerized records management system?**
- A. Yes → **Skip to Question 28**
  - B. No → **Skip to Question 28**
  - F. Other

**26. Please provide the name of the electronic records management system you are using. Select only one option.**

- A. In-house records 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. MDI or MDILog
- J. Other (e.g., CoronerME, Forensic Filer)
- K. Don't know

27. Do you incorporate results for samples sent to an off-site toxicology laboratory into your electronic records management system? *Select only one option.*

- A. Yes, direct data input to our system
- B. Yes, PDF or scanned image added to our system only
- C. No
- D. We do not send samples to an off-site toxicology laboratory
- E. We do not have an electronic records management system.


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

<u>Core Data Items Collected by the Medical Examiner/Coroner Office</u>	<u>Data Item Is Available in Case Records</u>			[Instruction: Skip this column if your office keeps manual records only] <u>Is the Data Item Stored in an Electronic Records Management System?</u>		
	Routinely	Sometimes	Rarely	Routinely	Sometimes	Rarely
1. Case ID/unique identifier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Date of death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Date of final death record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Cause of death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Manner of death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Location of injury (county, city, or ZIP code)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Date of incident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Age of decedent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Sex of decedent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Prescription medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Date of toxicology analysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Drugs and metabolites confirmed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Concentration with units for confirmed results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Sample source used for confirmed result	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Toxicology results from off-site laboratory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## SECTION 4: PARTICIPATION IN A NATIONAL DATA COLLECTION SYSTEM

In this section, we ask about what benefits the NFLIS data collection could provide to your office. If you would like more information about the NFLIS program, please visit [www.nflis.deadiversion.usdoj.gov/FAQ.aspx](http://www.nflis.deadiversion.usdoj.gov/FAQ.aspx).

29. **What types of data would be helpful for your office to see? Select all that apply.**

- A. Drug frequency trends
- B. New drug trends
- C. Concentrations of drugs found
- D. Geographic drug trends
- E. Polydrug trends
- F. Practices of other offices
- G. Our office does not see a benefit from this data collection effort
- H. Other benefits (*please specify*) 

- I. None of the above

30. **What is the contact information of the person who is submitting this survey?**

We may follow-up with you if there are questions about answers you have provided or for data quality purposes. We may also use your information for potential future contact related to NFLIS participation.

**Honorific** (e.g., Dr., Mr., Ms.):

**First Name:**

**Last Name:**

**Telephone Number:**

**Extension:**

**E-mail Address:**

### Submission Instructions

After completing the form, log onto our website and enter your responses online. This will ensure a timely, secure, and confirmed receipt of your data.

**URL:** <https://surveys.nflis.deadiversion.usdoj.gov>

Alternatively, you may scan your survey and upload it to the website.

If you are unable to enter information online or upload your survey, return the completed paper survey to:

RTI International  
ATTN: Data Capture (NFLIS-MEC)  
5265 Capital Boulevard  
Raleigh, NC 27690

## Thank you!

**We appreciate your time and responses. Your participation will help inform DEA's efforts to continue this important national drug surveillance system.**