investigation questionnaire

**Drug overdoses**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Internal file No.: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | File opening date: | Year | | | | Month | | Day | |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | |  | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| VALIDATION STATUS (based on case definition) | | | | | | | | | | | | |
|  |  | As of | | | | | | | |  | Status | Notes |
| Preliminary status: |  | Year | | | | Month | | Day | |  | □ Case under investigation  □ Case not retained |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | | | | | | | |
| Final status: |  | Year | | | | Month | | Day | |  | □ Case retained  □ probable  □ confirmed  □ Case not retained |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | | | | | | | |

# Identification of the overdose victim

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last name: |  | | | | | | | | | | | | First name: | |  | | | | | |
| Date of birth: | | | Year | | | | | Month | | Day | |  | Age: |  | | | Gender: | □ M | | □ F |
|  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |
|  | | | | | | | | | | | | |  | | | |  | | | |
| Language: | | □ French | | | □ English | | | | | □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Health Insurance #: |  | | |
| Address: | |  | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | | | | | | | | Postal code: | |  | |
| Type of residence: | | | □ Private residence (apartment, house) | | | | | | | | | | | | | □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| □ Homeless (street, squat, shelter, hostel) | | | | | | | | | | | | | □ Unknown | | | | |
| □ Room (hotel, motel, boarding house, rooming house) | | | | | | | | | | | | |  | | | | |
| Telephone: | | | Work: | | | |  | | | | | | | | | Cellular: |  | | | |
| Home: | | | |  | | | | | | | | | Other: |  | | | |
| Email address: | | |  | | | | | | | | | | | | | | | | | |
| Notes: | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |

# Identification of information sources

## Declarants

(individuals or organizations who contacted the public health department)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Source 1 | | | | | | |
| □ Ambulance services  □ Police services  □ First responders  □ Hospital centre | | | | □ Poison centre  □ Coroner’s office  □ Addiction treatment centre  □ Community organization | | □ Relative or friend  □ Victim  □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of organization (if applicable): | | |  | | | |
| Address: |  | | | | | |
| City: |  | | | | Postal code: |  |
| Contact person | | | | | | |
| Last name: |  | | | | First name: |  |
| Function: |  | | | | Email address: |  |
| Telephone: | Work: |  | | | Cellular: |  |
| Home: |  | | | Other: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Source 2 | | | | | | |
| □ Ambulance services  □ Police services  □ First responders  □ Hospital centre | | | | □ Poison centre  □ Coroner’s office  □ Addiction treatment centre  □ Community organization | | □ Relative or friend  □ Victim  □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of organization (if applicable): | | |  | | | |
| Address: |  | | | | | |
| City: |  | | | | Postal code: |  |
| Contact person | | | | | | |
| Last name: |  | | | | First name: |  |
| Function: |  | | | | Email address: |  |
| Telephone: | Work: |  | | | Cellular: |  |
| Home: |  | | | Other: |  |

## Additional information sources

(persons or organizations contacted by the public health department for additional information)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Source 3 | | | | | | |
| □ Ambulance services  □ Police services  □ First responders  □ Hospital centre | | | | □ Poison centre  □ Coroner’s office  □ Addiction treatment centre  □ Community organization | | □ Relative or friend  □ Victim  □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of organization (if applicable): | | |  | | | |
| Address: |  | | | | | |
| City: |  | | | | Postal code: |  |
| Contact person | | | | | | |
| Last name: |  | | | | First name: |  |
| Function: |  | | | | Email address: |  |
| Telephone: | Work: |  | | | Cellular: |  |
| Home: |  | | | Other: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Source 4 | | | | | | |
| □ Ambulance services  □ Police services  □ First responders  □ Hospital centre | | | | □ Poison centre  □ Coroner’s office  □ Addiction treatment centre  □ Community organization | | □ Relative or friend  □ Victim  □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of organization (if applicable): | | |  | | | |
| Address: |  | | | | | |
| City: |  | | | | Postal code: |  |
| Contact person | | | | | | |
| Last name: |  | | | | First name: |  |
| Function: |  | | | | Email address: |  |
| Telephone: | Work: |  | | | Cellular: |  |
| Home: |  | | | Other: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Source 5 | | | | | | |
| □ Ambulance services  □ Police services  □ First responders  □ Hospital centre | | | | □ Poison centre  □ Coroner’s office  □ Addiction treatment centre  □ Community organization | | □ Relative or friend  □ Victim  □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of organization (if applicable): | | |  | | | |
| Address: |  | | | | | |
| City: |  | | | | Postal code: |  |
| Contact person | | | | | | |
| Last name: |  | | | | First name: |  |
| Function: |  | | | | Email address: |  |
| Telephone: | Work: |  | | | Cellular: |  |
| Home: |  | | | Other: |  |
| Source 6 | | | | | | |
| □ Ambulance services  □ Police services  □ First responders  □ Hospital centre | | | | □ Poison centre  □ Coroner’s office  □ Addiction treatment centre  □ Community organization | | □ Relative or friend  □ Victim  □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of organization (if applicable): | | |  | | | |
| Address: |  | | | | | |
| City: |  | | | | Postal code: |  |
| Contact person | | | | | | |
| Last name: |  | | | | First name: |  |
| Function: |  | | | | Email address: |  |
| Telephone: | Work: |  | | | Cellular: |  |
| Home: |  | | | Other: |  |

# Description of event

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date and location of overdose | | | | | | | | | | | | | | | | |
| Date: | | Year | | | | Month | | Day | |  | Approximate time: | 24-hour format | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Location: | □ Private residence  □ Indoor public place  □ Outdoor public place  □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| Address or other indication of location: | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Circumstances | | | | | | | |
| Use: | | □ Alone  □ In the presence of others  □ Unknown | | | | | |
|  | | If in the presence of others: | | | | | |
|  | | | Number of persons who used the same product at the same time: \_\_\_\_\_\_\_\_\_\_ | | | | |
|  | | | Number of persons who overdosed at the same time: \_\_\_\_\_\_\_\_\_\_ | | | | |
|  | | | Contact information for persons who used the same product at the same time: | | | | |
|  | | | | Name: |  |  |  |
|  | | | | Telephone: |  |  |  |
|  | | | | Email address: |  |  |  |
|  | | | | Notes: |  |  |  |
| Intent: | □ Unintentional overdose  □ Intentional overdose (suicide, homicide, other)  □ Intention unknown | | | | | | |

|  |
| --- |
| Brief description of the event  (including the effects felt and observed before the arrival of emergency services) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

## Aid and services received:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 9-1-1/first responders/ police/ ambulance attendants/hospital | | | | |
| 9-1-1 was called: | | □ Yes | □ No | □ Unknown |
| Presence/intervention of first responders: | | □ Yes | □ No | □ Unknown |
| Presence/intervention of police officers: | | □ Yes | □ No | □ Unknown |
| Presence/intervention of ambulance personnel: | | □ Yes | □ No | □ Unknown |
| Hospital Visit: | | □ Yes | □ No | □ Unknown |
| Hospital Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | File No.: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Seen in emergency dept.: | | □ Yes | □ No | □ Unknown |
| Hospitalization: | | □ Yes | □ No | □ Unknown |
| If yes, ICU admission: | | □ Yes | □ No | □ Unknown |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Signs and symptoms observed by emergency services or on arrival at the hospital | | | | | | | | |
| Respiratory distress: | | | □ Yes | □ No | | □ Unknown | | |
| Altered state of consciousness: | | | □ Yes | □ No | | □ Unknown | | |
| Myosis: | | | □ Yes | □ No | | □ Unknown | | |
| Cyanosis: | | | □ Yes | □ No | | □ Unknown | | |
| Cardiorespiratory arrest: | | | □ Yes | □ No | | □ Unknown | | |
| Excessive sweating: | | | □ Yes | □ No | | □ Unknown | | |
| Agitation: | | | □ Yes | □ No | | □ Unknown | | |
| Seizures: | | | □ Yes | □ No | | □ Unknown | | |
| Hallucinations: | | | □ Yes | □ No | | □ Unknown | | |
| Other (specify): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Other (specify): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Other (specify): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Vital signs observed on arrival at the hospital | | | | | | | | |
| Glasgow Scale (score): | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Respiratory rate and rhythm: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Temperature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Blood pressure: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Heart rate and rhythm: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Ventilatory assistance | | | | | |
| Performed: | □ Yes | | □ No | □ Unknown | |
| Performed by: | □ Ambulance personnel | | | □ Community worker | □ Nurse outside hospital |
| □ First responder | | | □ Fellow user | □ Nurse in hospital |
| □ Police officer | | | □ Relative or friend | □ Physician |
| □ Other: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Chest compression | | | | | |
| Performed: | □ Yes | | □ No | □ Unknown | |
| Performed by: | □ Ambulance personnel | | | □ Community workerr | □ Nurse outside hospital |
| □ First responder | | | □ Fellow user | □ Nurse in hospital |
| □ Police officer | | | □ Relative or friend | □ Physician |
| □ Other: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Administration of naloxone** | | | | | | | | | | | | | | | |
| Performed: | | □ Yes | | □ No | | □ Unknown | | | | | | | | | |
| **Administration 1** | | | | | | | | | | | | | | | |
| Performed by: | | □ Ambulance personnel | | | | □ Community worker | | | □ Nurse outside hospital | | | | | | |
| □ First responder | | | | □ Fellow user | | | □ Nurse in hospital | | | | | | |
| □ Police officer | | | | □ Relative or friend | | | □ Physician | | | | | | |
| □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| Route of administration: | | □ IM  □ IN  □ IV | Number of doses  or volume administered: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Concentration: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Time: | 24-hour format | | | |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | | | |  |
| Responded to naloxone: | | □ Yes | | | □ No | □ Unknown | | | | | | | | | |
| Notes: |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Administration 2** | | | | | | | | | | | | | | | |
| Performed by: | | □ Ambulance personnel | | | | □ Community worker | | | □ Nurse outside hospital | | | | | | |
| □ First responder | | | | □ Fellow user | | | □ Nurse in hospital | | | | | | |
| □ Police officer | | | | □ Relative or friend | | | □ Physician | | | | | | |
| □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| Route of administration: | | □ IM  □ IN  □ IV | Number of doses  or volume administered: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Concentration: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Time: | 24-hour format | | | |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | | | |  |
| Responded to naloxone: | | □ Yes | | □ No | | □ Unknown | | | | | | | | | |
| Notes: |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Administration 3** | | | | | | | | | | | | | | | |
| Performed by: | | □ Ambulance personnel | | | | □ Community worker | | | □ Nurse outside hospital | | | | | | |
| □ First responder | | | | □ Fellow user | | | □ Nurse in hospital | | | | | | |
| □ Police officer | | | | □ Relative or friend | | | □ Physician | | | | | | |
| □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| Route of administration: | | □ IM  □ IN  □ IV | Number of doses  or volume administered: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Concentration: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Time: | 24-hour format | | | |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | | | |  |
| Responded to naloxone: | | □ Yes | | □ No | | □ Unknown | | | | | | | | | |
| Notes: |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |

## Final outcome

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| □ Survival (if known sequelae, specify): | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| □ Death from overdose: | | | | | Date: | | | Year | | | | | | Month | | Day | |  | Coroner's file No.: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | |  | |  |  |  |  |  |  |
|  |  | |  | |  |  |  |  |  |
| □ Unknown | | | | | | | | | | | | | | | | | | | | |
| Final outcome as of: | Year | | | | | Month | | Day | | | |  | | | | | | | | |
|  |  |  |  | |  |  |  | |  | |  | | | | | | | | |
|  |  |  |  | |  |  |  | |  | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |

# Description of products used (as reported)

It is important to note that Section 4.1 applies to products used within **3 hours** prior to the overdose, while Section 4.2 applies to products used within **3 days** prior to the overdose (excluding those already included in Section 4.1).

## Products used in the moments preceding the overdose (within approx. 3 hours)

|  |  |
| --- | --- |
| # | Products used\* |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |

\* Instructions: Provide the names of the products that the person reports having used (street names or other). Verify that no product used has been forgotten. See the examples of products below.

Examples of products:

* Alcohol: wine, beer, spirits, pre-mixed drinks, etc.
* Amphetamines: amphetamine, methamphetamine, crystal meth, Ecstasy, etc.
* Cannabis: herbal, concentrate (wax, dabs, shatter, BHO), oil, hashish, etc.
* Cocaine: cocaine, crack
* Opioids: heroin, Dilaudid/Hydromorph Contin (hydromorphone), OxyContin (oxycodone), morphine, fentanyl, codeine, etc.
* Other drugs: GHB, bath salts (mephedrone, MDPV, other cathinone derivatives), synthetic cannabinoids (K2, Spice, etc.), NBOMe, poppers (nitrites), ketamine, PCP, LSD, magic mushrooms, etc.
* Antidepressants: Wellbutrin (bupropion), Cipralex/Celexa (citalopram), Prozac (fluoxetine), Paxil (paroxetine), Zoloft (sertraline), Effexor (venlafaxine), etc.
* Antipsychotics: Seroquel (quetiapine), Zyprexa (olanzapine), Clozaril (clozapine), Risperdal (risperidone), etc.
* Benzodiazepines: Xanax (alprazolam), Rivotril (clonazepam), Ativan (lorazepam), Lectopam (bromazepam), Valium (diazepam), etc.
* Smart drugs: Ritalin (methylphenidate), Biphentin (methylphenidate), Vyvanse (lisdexamfetamine), Strattera (atomoxetine), Adderall (amphetamine), Concerta (methylphenidate)

|  |
| --- |
| **Instructions for the following pages:**   * + Complete the tables on the following pages for each of the products listed in the table above.   + If necessary, inform the victim of the overdose or their respondent of the possibility of using an anonymous phone line for reporting:   "In parallel with the public health department's investigation, the police may conduct their own investigation to remove the drug causing the overdoses from the market. If you wish to provide information to the police **anonymously** and **confidentially**, you can call the phone line (replace this text with the name of the line to call in your area) at the following number: (replace this text with the telephone number)."  Each public health department must specify the number to call in their region. If the local police force does not have an anonymous phone line, information can be conveyed to **Crime Stoppers** at **1-800-711-1800**. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PRODUCT 1 | | | | | | | | | | | | | | | | | |
| Product description | | | | | | | | | | | | | | | | | |
| Name of the product used: | |  | | | | | | | | | | | | | | | |
| Presumed substance: | |  | | | | | | | | | | | | | | | |
| Product description: | Appearance: | □ Tablet; form: | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| □ Capsule | | | | | | | | | | | | | | | |
| □ Powder | | | | | | | | | | | | | | | |
| □ Liquid | | | | | | | | | | | | | | | |
| □ Other: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Colour: |  | | | | | | | | | | | | | | | |
| Markings/logo: |  | | | | | | | | | | | | | | | |
| Photo available: | □ Yes (□ attached) | | | | | | | | | | | □ No | | | | □ Unknown |
| Package Description: | Material, colour, logo, distinctive signs, etc.: |  | | | | | | | | | | | | | | | |
| Photo available: | □ Yes (□ attached) | | | | | | | | | | | □ No | | | | □ Unknown |
| Characteristics differ from what is usual (colour, shape, logo, smell, taste, packaging): | | □ Yes. Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ No  □ Unknown | | | | | | | | | | | | | | | |
| Prescription: | | □ Prescribed to the victim  □ Prescribed to another person  □ Not prescribed  □ Unknown | | | | | | | | | | | | | | | |
| Use | | | | | | | | | | | | | | | | | |
| Quantity used: | |  | | | | | | | | | | | | | | | |
| Mode of use: | | □ Ingestion (swallowed)  □ Injection  □ Intranasal  □ Inhalation (smoked)  □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| Changes in mode of use: | | □ Yes. Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ No  □ Unknown | | | | | | | | | | | | | | | |
| How frequently is the product usually used by the victim? | |  | | | | | | | | | | | | | | | |
| Source | | | | | | | | | | | | | | | | | |
| Place acquired (city, neighbourhood, online, other): | |  | | | | | | | | | | | | | | | |
| Date acquired: | |  | Year | | | | | | Month | | | | Day | |  | | |
|  |  |  |  | |  | |  | |  | |  |  |  | | |
|  |  |  |  | |  | |  | |  | |  |  |  | | |
|  | | | | | | | | | | | | | | | |
| Recent change of supplier: | | □ Yes | | | | | | | | □ No | | | | | | □ Unknown | |
| Availability of the product for analysis | | | | | | | | | | | | | | | | | |
| Product is available for analysis: | | □ Yes | | | | | | | | □ No | | | | | | □ Unknown | |
| If yes, follow-up: | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Other information | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| PRODUCT 2 | | | | | | | | | | | | | | | | | |
| Product description | | | | | | | | | | | | | | | | | |
| Name of the product used: | |  | | | | | | | | | | | | | | | |
| Presumed substance: | |  | | | | | | | | | | | | | | | |
| Product description: | Appearance: | □ Tablet; form: | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| □ Capsule | | | | | | | | | | | | | | | |
| □ Powder | | | | | | | | | | | | | | | |
| □ Liquid | | | | | | | | | | | | | | | |
| □ Other: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Colour: |  | | | | | | | | | | | | | | | |
| Markings/logo: |  | | | | | | | | | | | | | | | |
| Photo available: | □ Yes (□ attached) | | | | | | | | | | | □ No | | | | □ Unknown |
| Package Description: | Material, colour, logo, distinctive signs, etc.: |  | | | | | | | | | | | | | | | |
| Photo available: | □ Yes (□ attached) | | | | | | | | | | | □ No | | | | □ Unknown |
| Characteristics differ from what is usual (colour, shape, logo, smell, taste, packaging): | | □ Yes. Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ No  □ Unknown | | | | | | | | | | | | | | | |
| Prescription: | | □ Prescribed to the victim  □ Prescribed to another person  □ Not prescribed  □ Unknown | | | | | | | | | | | | | | | |
| Use | | | | | | | | | | | | | | | | | |
| Quantity used: | |  | | | | | | | | | | | | | | | |
| Mode of use: | | □ Ingestion (swallowed)  □ Injection  □ Intranasal  □ Inhalation (smoked)  □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| Changes in mode of use: | | □ Yes. Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ No  □ Unknown | | | | | | | | | | | | | | | |
| How frequently is the product usually used by the victim? | |  | | | | | | | | | | | | | | | |
| Source | | | | | | | | | | | | | | | | | |
| Place acquired (city, neighbourhood, online, other): | |  | | | | | | | | | | | | | | | |
| Date acquired: | |  | Year | | | | | | Month | | | | Day | |  | | |
|  |  |  |  | |  | |  | |  | |  |  |  | | |
|  |  |  |  | |  | |  | |  | |  |  |  | | |
|  | | | | | | | | | | | | | | | |
| Recent change of supplier: | | □ Yes | | | | | | | | □ No | | | | | | □ Unknown | |
| Availability of the product for analysis | | | | | | | | | | | | | | | | | |
| Product is available for analysis: | | □ Yes | | | | | | | | □ No | | | | | | □ Unknown | |
| If yes, follow-up: | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Other information | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| PRODUCT 3 | | | | | | | | | | | | | | | | | |
| Product description | | | | | | | | | | | | | | | | | |
| Name of the product used: | |  | | | | | | | | | | | | | | | |
| Presumed substance: | |  | | | | | | | | | | | | | | | |
| Product description: | Appearance: | □ Tablet; form: | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| □ Capsule | | | | | | | | | | | | | | | |
| □ Powder | | | | | | | | | | | | | | | |
| □ Liquid | | | | | | | | | | | | | | | |
| □ Other: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Colour: |  | | | | | | | | | | | | | | | |
| Markings/logo: |  | | | | | | | | | | | | | | | |
| Photo available: | □ Yes (□ attached) | | | | | | | | | | | □ No | | | | □ Unknown |
| Package Description: | Material, colour, logo, distinctive signs, etc.: |  | | | | | | | | | | | | | | | |
| Photo available: | □ Yes (□ attached) | | | | | | | | | | | □ No | | | | □ Unknown |
| Characteristics differ from what is usual (colour, shape, logo, smell, taste, packaging): | | □ Yes. Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ No  □ Unknown | | | | | | | | | | | | | | | |
| Prescription: | | □ Prescribed to the victim  □ Prescribed to another person  □ Not prescribed  □ Unknown | | | | | | | | | | | | | | | |
| Use | | | | | | | | | | | | | | | | | |
| Quantity used: | |  | | | | | | | | | | | | | | | |
| Mode of use: | | □ Ingestion (swallowed)  □ Injection  □ Intranasal  □ Inhalation (smoked)  □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| Changes in mode of use: | | □ Yes. Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ No  □ Unknown | | | | | | | | | | | | | | | |
| How frequently is the product usually used by the victim? | |  | | | | | | | | | | | | | | | |
| Source | | | | | | | | | | | | | | | | | |
| Place acquired (city, neighbourhood, online, other): | |  | | | | | | | | | | | | | | | |
| Date acquired: | |  | Year | | | | | | Month | | | | Day | |  | | |
|  |  |  |  | |  | |  | |  | |  |  |  | | |
|  |  |  |  | |  | |  | |  | |  |  |  | | |
|  | | | | | | | | | | | | | | | |
| Recent change of supplier: | | □ Yes | | | | | | | | □ No | | | | | | □ Unknown | |
| Availability of the product for analysis | | | | | | | | | | | | | | | | | |
| Product is available for analysis: | | □ Yes | | | | | | | | □ No | | | | | | □ Unknown | |
| If yes, follow-up: | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Other information | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| PRODUCT 4 | | | | | | | | | | | | | | | | | |
| Product description | | | | | | | | | | | | | | | | | |
| Name of the product used: | |  | | | | | | | | | | | | | | | |
| Presumed substance: | |  | | | | | | | | | | | | | | | |
| Product description: | Appearance: | □ Tablet; form: | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| □ Capsule | | | | | | | | | | | | | | | |
| □ Powder | | | | | | | | | | | | | | | |
| □ Liquid | | | | | | | | | | | | | | | |
| □ Other: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Colour: |  | | | | | | | | | | | | | | | |
| Markings/logo: |  | | | | | | | | | | | | | | | |
| Photo available: | □ Yes (□ attached) | | | | | | | | | | | □ No | | | | □ Unknown |
| Package Description: | Material, colour, logo, distinctive signs, etc.: |  | | | | | | | | | | | | | | | |
| Photo available: | □ Yes (□ attached) | | | | | | | | | | | □ No | | | | □ Unknown |
| Characteristics differ from what is usual (colour, shape, logo, smell, taste, packaging): | | □ Yes. Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ No  □ Unknown | | | | | | | | | | | | | | | |
| Prescription: | | □ Prescribed to the victim  □ Prescribed to another person  □ Not prescribed  □ Unknown | | | | | | | | | | | | | | | |
| Use | | | | | | | | | | | | | | | | | |
| Quantity used: | |  | | | | | | | | | | | | | | | |
| Mode of use: | | □ Ingestion (swallowed)  □ Injection  □ Intranasal  □ Inhalation (smoked)  □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| Changes in mode of use: | | □ Yes. Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ No  □ Unknown | | | | | | | | | | | | | | | |
| How frequently is the product usually used by the victim? | |  | | | | | | | | | | | | | | | |
| Source | | | | | | | | | | | | | | | | | |
| Place acquired (city, neighbourhood, online, other): | |  | | | | | | | | | | | | | | | |
| Date acquired: | |  | Year | | | | | | Month | | | | Day | |  | | |
|  |  |  |  | |  | |  | |  | |  |  |  | | |
|  |  |  |  | |  | |  | |  | |  |  |  | | |
|  | | | | | | | | | | | | | | | |
| Recent change of supplier: | | □ Yes | | | | | | | | □ No | | | | | | □ Unknown | |
| Availability of the product for analysis | | | | | | | | | | | | | | | | | |
| Product is available for analysis: | | □ Yes | | | | | | | | □ No | | | | | | □ Unknown | |
| If yes, follow-up: | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Other information | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |

## Products consumed in the 3 days preceding the overdose

Information about the products consumed in the 3 days preceding the overdose allows for a more accurate interpretation of the results when toxicological analyses are performed (Section 7).

|  |  |  |  |
| --- | --- | --- | --- |
| # | Products used\* | Prescription | |
| **1** |  | □ Prescribed to the victim  □ Prescribed to another person  □ Not prescribed | □ Unknown  □ N/A |
| **2** |  | □ Prescribed to the victim  □ Prescribed to another person  □ Not prescribed | □ Unknown  □ N/A |
| **3** |  | □ Prescribed to the victim  □ Prescribed to another person  □ Not prescribed | □ Unknown  □ N/A |
| **4** |  | □ Prescribed to the victim  □ Prescribed to another person  □ Not prescribed | □ Unknown  □ N/A |
| **5** |  | □ Prescribed to the victim  □ Prescribed to another person  □ Not prescribed | □ Unknown  □ N/A |
| **6** |  | □ Prescribed to the victim  □ Prescribed to another person  □ Not prescribed | □ Unknown  □ N/A |
| **7** |  | □ Prescribed to the victim  □ Prescribed to another person  □ Not prescribed | □ Unknown  □ N/A |
| **8** |  | □ Prescribed to the victim  □ Prescribed to another person  □ Not prescribed | □ Unknown  □ N/A |
| **9** |  | □ Prescribed to the victim  □ Prescribed to another person  □ Not prescribed | □ Unknown  □ N/A |
| **10** |  | □ Prescribed to the victim  □ Prescribed to another person  □ Not prescribed | □ Unknown  □ N/A |

\* Instructions: provide the names of all drugs and medications that the person reports having used in the 3 days preceding the overdose, **excluding those used in the moments preceding the overdose (Section 4.1)**. Verify that no product used has been forgotten. See the examples of products below.

Examples of products:

* Alcohol: wine, beer, spirits, pre-mixed drinks, etc.
* Amphetamines: amphetamine, methamphetamine, crystal meth, Ecstasy, etc.
* Cannabis: herbal, concentrate (wax, dabs, shatter, BHO), oil, hashish, etc.
* Cocaine: cocaine, crack
* Opioids: heroin, Dilaudid/Hydromorph Contin (hydromorphone), OxyContin (oxycodone), morphine, fentanyl, codeine, etc.
* Other drugs: GHB, bath salts (mephedrone, MDPV, other cathinone derivatives), synthetic cannabinoids (K2, Spice, etc.), NBOMe, poppers (nitrites), ketamine, PCP, LSD, magic mushrooms, etc.
* Antidepressants: Wellbutrin (bupropion), Cipralex/Celexa (citalopram), Prozac (fluoxetine), Paxil (paroxetine), Zoloft (sertraline), Effexor (venlafaxine), etc.
* Antipsychotics: Seroquel (quetiapine), Zyprexa (olanzapine), Clozaril (clozapine), Risperdal (risperidone), etc.
* Benzodiazepines: Xanax (alprazolam), Rivotril (clonazepam), Ativan (lorazepam), Lectopam (bromazepam), Valium (diazepam), etc.
* Smart drugs: Ritalin (methylphenidate), Biphentin (methylphenidate), Vyvanse (lisdexamfetamine), Strattera (atomoxetine), Adderall (amphetamine), Concerta (methylphenidate)

# Victim's use profile

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| USE HABITS | | | | |
| Drug use in the past month: | □ 1 use – the one leading to overdose  □ Occasionally, not every week  □ Regularly, 1 or 2 days a week  □ Regularly, 3 to 6 days a week  □ Every day  □ Unknown | | | |
| Drug injection in lifetime: | □ Yes | | | |
| If yes, injection within the past month: | □ Yes | □ No | □ Unknown |
| □ No | | | |
| □ Unknown | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| PREVIOUS OVERDOSES | | | |
| Previous overdoses: | □ Yes | | |
| If yes: | □ Within the past month | □ Within the past year |
| □ No | | |
| □ Unknown | | |

# Counselling provided following the overdose

Verify whether counselling was provided and, if necessary, provide counselling when possible.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| COUNSELLING PROVIDED | | | | | |
| Preventing overdoses: | | □ Yes | □ No | □ Already aware | □ Unknown |
| Recognizing the signs and symptoms of an overdose: | | □ Yes | □ No | □ Already aware | □ Unknown |
| Knowing how to intervene in case of an overdose: | | □ Yes | □ No | □ Already aware | □ Unknown |
| Administering naloxone: | | □ Yes | □ No | □ Already aware | □ Unknown |
| Knowing where to get naloxone: | | □ Yes | □ No | □ Already aware | □ Unknown |
| Referral to a supervised injection service, when applicable: | | □ Yes | □ No | □ Already aware | □ Unknown |
| Referral to an addiction treatment centre: | | □ Yes | □ No | □ Already aware | □ Unknown |
| Referral to a mental health service: | | □ Yes | □ No | □ Already aware | □ Unknown |
| Other (specify): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Other (specify): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

# Toxicological analyses

The aim of toxicological analyses is to search for drugs and medications in biological matrices, products used or use materials in order to identify the substances involved.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SAMPLE 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sample submitted: | | | | | | | | | | | | | | | Analysis performed by: | | | | | | | | | | | | | |
| □ Blood | | | | | | | | | | | | | | | □ Centre de toxicologie du Québec (INSPQ) | | | | | | | | | | | | | |
| □ Urine | | | | | | | | | | | | | | | □ Laboratoire de sciences judiciaires et de médecine légale | | | | | | | | | | | | | |
| □ Ocular fluid | | | | | | | | | | | | | | | □ Hospital. Which one: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| □ Product used (drug) | | | | | | | | | | | | | | | □ Drug Analysis Service (Health Canada) | | | | | | | | | | | | | |
| □ Use material | | | | | | | | | | | | | | | □ Other: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| □ Other: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Date of collection: | | | Year | | | | | | Month | | | Day | |  | Collection Location: | |  | | | | | | | | | | | |
|  | |  |  |  | |  |  | |  |  |
|  | |  |  |  | |  |  | |  |  |
|  | | | | | | | | | | |
| Analyses requested or performed: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Notes: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Consult the laboratory report for results | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | |  | | | | | | | |  |  | | | |  | |  | |  |
| □ Preliminary report | | | | Reference No.: | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | Date: | Year | | | | Month | | Day | |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ Final report | | | | Reference No.: | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | Date: | Year | | | | Month | | Day | |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SAMPLE 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sample submitted: | | | | | | | | | | | | | | | Analysis performed by: | | | | | | | | | | | | | |
| □ Blood | | | | | | | | | | | | | | | □ Centre de toxicologie du Québec (INSPQ) | | | | | | | | | | | | | |
| □ Urine | | | | | | | | | | | | | | | □ Laboratoire de sciences judiciaires et de médecine légale | | | | | | | | | | | | | |
| □ Ocular fluid | | | | | | | | | | | | | | | □ Hospital. Which one: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| □ Product used (drug) | | | | | | | | | | | | | | | □ Drug Analysis Service (Health Canada) | | | | | | | | | | | | | |
| □ Use material | | | | | | | | | | | | | | | □ Other: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| □ Other: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Date of collection: | | | Year | | | | | | Month | | | Day | |  | Collection Location: | |  | | | | | | | | | | | |
|  | |  |  |  | |  |  | |  |  |
|  | |  |  |  | |  |  | |  |  |
|  | | | | | | | | | | |
| Analyses requested or performed: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Notes: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Consult the laboratory report for results | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | |  | | | | | | | |  |  | | | |  | |  | |  |
| □ Preliminary report | | | | Reference No.: | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | Date: | Year | | | | Month | | Day | |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ Final report | | | | Reference No.: | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | Date: | Year | | | | Month | | Day | |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SAMPLE 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sample submitted: | | | | | | | | | | | | | | | Analysis performed by: | | | | | | | | | | | | | |
| □ Blood | | | | | | | | | | | | | | | □ Centre de toxicologie du Québec (INSPQ) | | | | | | | | | | | | | |
| □ Urine | | | | | | | | | | | | | | | □ Laboratoire de sciences judiciaires et de médecine légale | | | | | | | | | | | | | |
| □ Ocular fluid | | | | | | | | | | | | | | | □ Hospital. Which one: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| □ Product used (drug) | | | | | | | | | | | | | | | □ Drug Analysis Service (Health Canada) | | | | | | | | | | | | | |
| □ Use material | | | | | | | | | | | | | | | □ Other: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| □ Other: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Date of collection: | | | Year | | | | | | Month | | | Day | |  | Collection Location: | |  | | | | | | | | | | | |
|  | |  |  |  | |  |  | |  |  |
|  | |  |  |  | |  |  | |  |  |
|  | | | | | | | | | | |
| Analyses requested or performed: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Notes: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Consult the laboratory report for results | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | |  | | | | | | | |  |  | | | |  | |  | |  |
| □ Preliminary report | | | | Reference No.: | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | Date: | Year | | | | Month | | Day | |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ Final report | | | | Reference No.: | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | Date: | Year | | | | Month | | Day | |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SAMPLE 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sample submitted: | | | | | | | | | | | | | | | Analysis performed by: | | | | | | | | | | | | | |
| □ Blood | | | | | | | | | | | | | | | □ Centre de toxicologie du Québec (INSPQ) | | | | | | | | | | | | | |
| □ Urine | | | | | | | | | | | | | | | □ Laboratoire de sciences judiciaires et de médecine légale | | | | | | | | | | | | | |
| □ Ocular fluid | | | | | | | | | | | | | | | □ Hospital. Which one: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| □ Product used (drug) | | | | | | | | | | | | | | | □ Drug Analysis Service (Health Canada) | | | | | | | | | | | | | |
| □ Use material | | | | | | | | | | | | | | | □ Other: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| □ Other: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Date of collection: | | | Year | | | | | | Month | | | Day | |  | Collection Location: | |  | | | | | | | | | | | |
|  | |  |  |  | |  |  | |  |  |
|  | |  |  |  | |  |  | |  |  |
|  | | | | | | | | | | |
| Analyses requested or performed: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Notes: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Consult the laboratory report for results | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | |  | | | | | | | |  |  | | | |  | |  | |  |
| □ Preliminary report | | | | Reference No.: | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | Date: | Year | | | | Month | | Day | |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ Final report | | | | Reference No.: | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | Date: | Year | | | | Month | | Day | |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

# Substances that may have caused the overdose

This section relies on the investigator's judgment, based on the data collected during the investigation.

|  |  |
| --- | --- |
| # | SUBSTANCE(S) |
| **1** |  |
| **2** |  |
| **3** |  |

# Notes

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of initial interview: | | Year | | | | Month | | Day | |  | | |
|  |  |  |  |  |  |  |  |  | | |
|  |  |  |  |  |  |  |  |  | | |
|  | | | | | | | | | | | | |
| Professional 1: |  | | | | | | | | |  |  |  |
|  | Name in block letters | | | | | | | | |  | Signature |  |
|  | | | | | | | | | | | | |
| Professional 2: |  | | | | | | | | |  |  |  |
|  | Name in block letters | | | | | | | | |  | Signature |  |
|  | | | | | | | | | | | | |