The National Forensic Laboratory Information System (NFLIS) is a Drug Enforcement Administration program that systematically collects results of forensic analyses, and other related information, from local, regional, and national entities. From June through October 2017, NFLIS administered surveys that collected calendar year 2016 data from 231 toxicology laboratories (TLs) and 971 medical examiner/coroner offices (MECs) across the United States. Results from the TL and MEC Office Surveys were previously published.1,2 This publication provides additional data not presented in the survey reports and displays findings from responding TLs and MECs about the data elements they collect and their participation in data collection programs. Data are presented overall and by laboratory ownership (private or public) and caseload size for TLs. For MECs, data are presented overall and by type of office (medical examiner or coroner) and jurisdiction size (based on the population of jurisdictions they serve).

Data Element Collection

Figure 1 summarizes the data elements collected by TLs. Notably, 97% of public TLs collect case type data, but only 45% of private TLs do so. Of private TLs, 62% collect data on legitimately prescribed medications in a patient’s profile; only 33% of public TLs do so. More than 80% of small and medium TLs collect all the data elements listed in Figure 1, except for data on legitimately prescribed medications, which were collected by 35% and 38% of small and medium TLs, respectively. Fewer large TLs than small and medium TLs collect data on case type, age, and sex.

Overall, MECs are fairly consistent regarding the types of toxicology data elements they collect (Figure 2). Differences are larger based on jurisdiction size than on office type. The data element least often collected by any MEC, regardless of office type or jurisdiction size, is the sample matrix used for the confirmed toxicology result. More medical examiner offices than coroner offices collect these data (68% and 52%, respectively). More MECs serving large jurisdictions than those serving small or medium jurisdictions reported collecting the data elements listed in Figure 2.
Participation in Data Collection Programs

Figures 3 and 4 summarize TLs’ and MECs’ participation in data collection programs. Respondents were asked if they participate in a selection of drug-related data collection programs or none of them. Overall, a higher percentage of MECs (49%) than TLs (28%) reported participating in a drug-related data collection program. Of private and public TLs, 7% and 45%, respectively, participate in a drug-related data collection program. MECs and TLs most frequently participate in State-based programs (26% and 17%, respectively; data not shown). Slightly more medical examiner offices participate in data collection programs than coroner offices. More MECs serving large jurisdictions participate in these programs than those serving small or medium jurisdictions.

Figure 3 Participation in Drug-Related Data Collection Programs by Responding TLs, by TL Ownership and Caseload Size

Figure 4 Participation in Drug-Related Data Collection Programs by Responding MECs, by MEC Type and Jurisdiction Size

Death Certificate Listing Practices of MECs

Figure 5 summarizes MECs’ practices related to listing drugs found to be a cause or to contribute to a cause of death on a decedent’s death certificate. Practices are generally similar between medical examiner and coroner offices. Larger differences were seen between offices based on jurisdiction size than on office type. The most common practice among all MECs is to list all specific drugs on the death certificate (38%). Offices serving large jurisdictions are more likely to do this (51%) than offices serving small jurisdictions (29%). The next most common practice is to list a mixture of specific drugs and drug classes (24%). More MECs serving small jurisdictions reported listing all drug classes on the death certificate (24%) than MECs serving large jurisdictions (4%).

Note: In Figures 3–5, respondents with unknown information are excluded.


Diagram Description:
- **Figure 3** shows the percentage of responding TLs participating in drug-related data collection programs, stratified by TL ownership and caseload size. The percentages are as follows: Public TLs (35%), Private TLs (10%), Small TLs (0 to 1,999 cases) (20%), Medium TLs (2,000 to 15,999 cases) (25%), and Large TLs (16,000 or more cases) (10%).
- **Figure 4** details the participation of MECs, stratified by MEC type and jurisdiction size. The percentages are: Overall (35%), Medical examiners (40%), Coroners (25%), Small jurisdictions (fewer than 25,000) (30%), Medium jurisdictions (25,000 to 249,999) (25%), and Large jurisdictions (250,000 or more) (10%).

Diagram Legend:
- Overall
- Public TLs
- Private TLs
- Small TLs (0 to 1,999 cases)
- Medium TLs (2,000 to 15,999 cases)
- Large TLs (16,000 or more cases)
- Medical examiners
- Coroners
- Small jurisdictions (fewer than 25,000)
- Medium jurisdictions (25,000 to 249,999)
- Large jurisdictions (250,000 or more)
- All specific drugs
- Some specific drugs
- All drug classes
- Some drug classes
- A mixture of specific drugs and drug classes