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AIMS: To present a planned Internet-based service to which forensic institutions for a certain fee can have access to a database containing evaluated post-mortem toxicology data.

METHODS: Since 1995, a compilation of data from analyses of pharmaceuticals in samples from forensic autopsies has been available for use within the National Board of Forensic Medicine in Sweden, to facilitate the interpretation of post-mortem analytical results. All data are evaluated and categorised in a way that allows the user to assess whether a certain analytical result might have caused a fatal intoxication by comparing the concentrations of the compounds detected with the data in the list. The list has become a valuable tool in the hands of the forensic pathologist and it is well recognised internationally through the publication in *Journal of Forensic Sciences* (Druid H, Holmgren P. A compilation of fatal and control concentrations of drugs in post-mortem femoral blood. *J Forensic Sci* 1997;42:79 – 87).

Every year new data are generated for substances already included in the list as well as for new substances that are introduced on the market. We have during the last few years compiled and assessed additional data in the same way as with the original material but we have also made data more accessible and readable within the intranet of the National Board of Forensic Medicine. In total more than 55,000 cases were included in the Forensic Toxicology database during the period January 1992 to June 2005.

We have recently added data regarding antidepressants, old and new, to the list. Part of those data will be presented in another abstract at this TIAFT-meeting (Reis et al. Reference post-mortem concentrations of antidepressant drugs reflected in a therapeutic material). The work will then continue with neuroleptics, sedatives/hypnotics and analgesics. The database might be of interest also to clinicians/hospitals and not solely to forensic pathologists. In addition to the toxicological results, certain case-related information will be included in the database and each user might be able to do his/her own searches in the database. Such additional data might include age, sex and cause of the death etc. for each of the cases. Other information such as general reference data about certain drugs and pharmaceuticals is also possible to include as well as links to relevant other sites.

RESULTS: We will demonstrate the database and the features of the software at the TIAFT-meeting and those interested might try it hands on at our poster presentation.

CONCLUSIONS: We are of the opinion that this forensic toxicology database might be of international interest and therefore plan to introduce a service via Internet where departments of forensic medicine and even hospitals for a certain fee can have access to the database. Such a site could also include other related and valuable services. We are open for discussions regarding collaboration with laboratories working with forensic toxicology in other countries in order to expand the database with more cases.

KEYWORDS: *Forensic, Toxicology, Database*

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