



ARKANSAS DEPARTMENT OF HEALTH

OFFICE OF ALCOHOL TESTING

Box 8509 ● Little Rock, Arkansas 72215-8509 ● (501)-661-2425 ● FAX: (501) 661-2289

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Secretary of Health

BLOOD KIT REQUEST FORM

(Please write legibly)

Name of Department or Hospital: _____

Person Requesting Kits: _____

of kits requested: _____
(subject to availability)

Shipping Address: _____

Phone Number: _____

Fed Ex Account Number: _____

OR

UPS Account Number: _____

_____ Use this account number for all future blood kit shipments.

_____ Only use this account number for this blood kit shipment.

Signature of person requesting blood kits: _____

Date Kits Mailed: _____ Chemist: _____

Fax completed form to (501) 661-2289

Or

Email to ADH.ALCOHOLTESTING@arkansas.gov