

**BLOOD ALCOHOL REPORT FORM
FOR TRAFFIC RELATED ALCOHOL TESTING SAMPLES ONLY**

1. SUBJECT		
Last Name	First Name	Middle Name
ADDRESS		
Street Address		
City	State	Zip Code
DATE OF BIRTH		
Mo. - Day - Year		
Male 1 Female 2 <input type="checkbox"/>		
DRIVER'S LICENSE		
Noncommercial (NC) or Commercial (CD) <input type="checkbox"/> L		
None <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/>		
State <input type="checkbox"/> License Number <input type="checkbox"/>		
2. INCIDENT		
Driver 1 Passenger 2 <input type="checkbox"/> Pedestrian 3 <input type="checkbox"/> Other 4	County where incident occurred. (use first four letters) <input type="checkbox"/>	Type of Incident No Accident 1 <input type="checkbox"/> Accident 2 <input type="checkbox"/> Fatal Accident 3
		Condition of Subject No injury 1 <input type="checkbox"/> Injury 2 <input type="checkbox"/> Deceased 3
		Incident Date <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> Mo. Day Year Incident Time <input type="checkbox"/> : <input type="checkbox"/> () a.m. Hr. Min. () p.m.
Officer's Signature Work Telephone		Officer Employed By: City 1 <input type="checkbox"/> County 2 <input type="checkbox"/> State Police 3 Other 4
RETURN RESULTS TO: PRINT full name and address 		
3. COLLECTION OF BLOOD OR URINE ONLY		
INDICATE ADDITIVES USED IN SAMPLE:(see back of form) ___ mg sodium fluoride (1% required for postmortems) ___ mg potassium oxalate ___ NONVOLATILE PREP ___ NEW, STERILE EQUIPMENT & CONTAINER USED		Date Collected <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> Mo. Day Year Time Collected <input type="checkbox"/> : <input type="checkbox"/> () a.m. Hr. Min. () p.m.
Signature/Title of Person Drawing Blood		Sample Requested By: () Law Enforcement () Subject () Coroner () _____
Witness (Signature)		
4. SAMPLE TRANSFER		
From _____ Signature	To _____ Signature	Date _____
From _____ Signature	To _____ Signature	Date _____
From _____ Signature	To _____ Signature	Date _____
From _____ Signature	To _____ Signature	Date _____
5. SAMPLE ANALYSIS & RESULTS: Arkansas Department of Health (For PHL- Office of Alcohol Testing Use ONLY)		
Sealed Mailer _____ Seal on Tube _____ Postmortem 1% NaF _____ NaF Satisfactory Y _____ N Received approximately _____ ml Labeled in part _____	Sealed Biohazard Bag _____ Sealed Mailer Tube _____ Postmortem Form _____	Blood 1 <input type="checkbox"/> Urine 2 <input type="checkbox"/> Ocular Fluid 3 <input type="checkbox"/>
		Date of Test <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> Mo. Day Year Time of Test <input type="checkbox"/> : <input type="checkbox"/> () a.m. Hr. Min. () p.m.
		ALCOHOL TEST RESULTS <input type="checkbox"/> . <input type="checkbox"/> % w/v, Blood Zero point _____
I performed the analysis of this sample in accordance with the regulations and requirements of the Arkansas Department of Health and the laws of the State of Arkansas. All information contained is true and accurately reflects the results of my analysis.		I hereby attest to the authenticity of this report.
Chemist, Office of Alcohol Testing		Director, Office of Alcohol Testing Date

ORIGINAL

INSTRUCTIONS

- Anticoagulant and/or preservatives:
 1. Sodium fluoride is required as a preservative in a blood sample to be analyzed for ethanol by the Office of Alcohol Testing.
 - A. For living subjects, between 2.0 and 3.0 mg per ml of blood (.2% to .3%).
 - B. For postmortem subjects, 10 mg per ml of blood (1%). Complete a Traffic/Postmortem Blood Alcohol Sample Collection Form (AT-302) and submit along with this Blood Alcohol Report Form and blood sample.
 2. Potassium oxalate is desired as an anticoagulant.
- Test results of blood or urine are reported as % w/v, which is defined as grams of ethyl alcohol per 100 milliliters of blood.