

ARKANSAS DEPARTMENT OF HEALTH

OFFICE OF ALCOHOL TESTING

Box 8509

Little Rock, AR 72215-8509

TRAFFIC/POSTMORTEM BLOOD ALCOHOL SAMPLE COLLECTION FORM

A completed copy of this form and a Blood Alcohol Report Form are to accompany each traffic-related postmortem sample sent to the Arkansas Department of Health, Office of Alcohol Testing. Nontraffic samples or samples collected more than 24 hours after death should be submitted directly to the State Crime Laboratory.

Subject Last Name	Subject First Name/MI	Driver's License/State

Subject Address

Date of Death	Time of Death	Where did death occur?

Indicate if body was exposed to extreme weather conditions and estimate length of time.

Describe obvious physical injuries and condition of body.

Probable cause of death.

Collect postmortem samples using sterile equipment, nonalcoholic antiseptic, and a minimum **1% sodium fluoride** as a preservative. 1% sodium fluoride = 10 milligrams per milliliter of sample. When possible, collect samples from more than one site on body. Place each sample in a separate container and label completely.

Sample Type and site(s) sample(s) withdrawn from.		
<input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Occular <input type="checkbox"/> Other-specify _____	<input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Femoral <input type="checkbox"/> Axillary <input type="checkbox"/> Jugular <input type="checkbox"/> Carotid
Describe if other.		

Date Collected	Time collected	Sample collected by: Name/Title	Phone/FAX

<input type="checkbox"/> Request postmortem kit(s) be mailed to: _____ _____

Traffic/ Postmortem Blood Alcohol Sample Collection Form - Version: 1.2. Index: PHL-13-07. Printed: 10-Aug-2021 09:28