

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

1. SUBJECT		
<input type="text"/> Last Name	<input type="text"/> First Name	<input type="text"/> Middle Name
ADDRESS		DATE OF BIRTH
Street Address		<input type="text"/> - <input type="text"/> - <input type="text"/> Mo. Day Year
City State Zip Code		Noncommercial (NC) or Commercial (CD) <input type="text"/> L None <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> State <input type="text"/> License Number <input type="text"/>
2. INCIDENT		
Driver 1 <input type="checkbox"/> Passenger 2 <input type="checkbox"/> Pedestrian 3 <input type="checkbox"/> Other 4 <input type="checkbox"/>	County where incident occurred. (use first four letters) <input type="text"/>	Type of Incident No Accident 1 <input type="checkbox"/> Accident 2 <input type="checkbox"/> Fatal Accident 3 <input type="checkbox"/>
		Condition of Subject No injury 1 <input type="checkbox"/> Injury 2 <input type="checkbox"/> Deceased 3 <input type="checkbox"/>
		Incident Date <input type="text"/> - <input type="text"/> - <input type="text"/> Mo. Day Year Incident Time <input type="text"/> : <input type="text"/> () 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 <input type="checkbox"/> Other 4 <input type="checkbox"/>
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="text"/> - <input type="text"/> - <input type="text"/> Mo. Day Year Time Collected <input type="text"/> : <input type="text"/> () a.m. Hr. Min. () p.m.
		Sample Requested By: () Law Enforcement () Subject () Coroner () _____
Signature/Title of Person Drawing Blood _____		Witness (Signature) _____
4. SAMPLE TRANSFER		
From _____	To _____	Date _____
Signature _____	Signature _____	Signature _____
From _____	To _____	Date _____
Signature _____	Signature _____	Signature _____
From _____	To _____	Date _____
Signature _____	Signature _____	Signature _____
5. SAMPLE ANALYSIS & RESULTS: Arkansas Department of Health (For PHL- Office of Alcohol Testing Use ONLY)		
Sealed Mailer _____ Sealed Biohazard Bag _____ Seal on Tube _____ Sealed Mailer Tube _____ Postmortem 1% NaF _____ Postmortem Form _____ NaF Satisfactory Y _____ N _____ Received approximately _____ ml _____	Blood 1 <input type="checkbox"/> Urine 2 <input type="checkbox"/> Occular Fluid 3 <input type="checkbox"/>	OAT Sample No. _____
Labeled in part _____	Date of Test <input type="text"/> <input type="text"/> <input type="text"/> Mo. Day Year Time of Test <input type="text"/> <input type="text"/> () a.m. Hr. Min. () p.m.	ALCOHOL TEST RESULTS <input type="text"/> . <input type="text"/> % 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.