

**DRUG COLLECTION LEGAL BLOOD ALCOHOL**

- St. Joseph Medical Center Tacoma, WA
- St. Clare Hospital Lakewood, WA
- St. Elizabeth Hospital Enumclaw, WA
- St. Francis Hospital Federal Way, WA
- St. Anthony Hospital Gig Harbor, WA
- PSC

**PURPOSE**

To provide instruction on the proper collection, documentation, chain of custody and handling of Legal Blood Alcohol samples.

**BACKGROUND**

Blood Alcohol collections may be requested by:

- Law Enforcement Officer – the officer must provide a consent form or search warrant. See steps 1-12.
- Patient, Attorney or Court ordered – The patient is requesting a legal blood alcohol to be drawn, the patient must pay by cash, check or money order. See steps 13-25.

**RELATED DOCUMENTS**

CLSI T/DM6A	Blood Alcohol Testing in the Clinical Laboratory; Approved Guideline
HS Bill 2443 C183 S 7	Driving under the Influence
RCW 46.20.308	Implied consent — Test refusal — Procedures
RCW 46.61.506 (5)	Persons under influence of intoxicating liquor or drug – Evidence – Tests - Information concerning tests

**COLLECTOR REQUIREMENTS**

When a blood test is administered under the provisions of RCW [46.20.308](#), the withdrawal of blood for the purpose of determining its alcoholic or drug content may be performed only by a physician, a registered nurse, a licensed practical nurse, a nursing assistant as defined in chapter [18.88A](#) RCW, a physician assistant as defined in chapter [18.71A](#) RCW, a first responder as defined in chapter [18.73](#) RCW, an emergency medical technician as defined in chapter [18.73](#) RCW, a **medical assistant phlebotomist (formerly known as a health care assistant)** as defined in chapter [18.360](#) RCW, or any technician trained in withdrawing blood. This limitation shall not apply to the taking of breath specimens.

**SPECIMEN REQUIREMENTS**

Two Grey top tubes (or tubes provided by Officer if testing is to be done by the State Lab).

**EQUIPMENT**

- Grey top tubes (Sodium Fluoride Potassium Oxalate) – 2 and (inspect for valid expiration date)
- Venipuncture equipment
- NO ALCOHOL SWAB – USE BETADYNE
- Evidence Tape
- Specimen Processing Legal File Form – Addendum A (*Certificate of Alcohol Collection*)

Form – Attachment B (*Legal Alcohol Blood Test Requested by the Patient or Court Ordered*)

Form – Attachment C (Subpoena may be provided by officer)

PacLab/PAML Chain of Custody Requisition (COC) (for patient or court order requests only)

## STEPS

### Requested by Law Enforcement Officer:

(No Cerner patient registration or Order Entry is necessary)

1. Before proceeding, make sure the proper consent form or request has been received.
  - Patient may be under arrest and officer provides a consent form for patient to sign. These forms may vary by city, county or state jurisdiction.
  - Patient may be under arrest and officer provides a search warrant document (see Attachment C search warrant example).
2. Follow the steps in the *Certificate of Blood Alcohol Collection* checklist (See Attachment A). Complete this form as you proceed through the next steps.
3. Identify the patient
  - Use driver's license, picture ID, or verbal acknowledgement by Law Enforcement Officer.
4. Cleanse the venipuncture site with a non-alcohol based disinfectant, i.e., betadyne. **Note:** Frepp Sepp disinfectant may contain alcohol. DO NOT USE ALCOHOL SWAB or FREPP SEPP. Soap and water may be used if patient is allergic to betadyne. Document disinfectant used on attachment A.
5. Perform the venipuncture and fill 2 Grey top tubes. Mix well by inversion 8-10 times.
6. Properly label both tubes with patient's last and first name, date, time, and your tech ID.
  - Tubes must be labeled in the presence of the patient and officer.
  - Tubes must be labeled by the person collecting the sample.
7. Place labeled samples into the bag from the officer's kit. If no bag provided, use a lab bag.
8. Seal this bag with evidence tape by folding over the flap (if non-tamperproof type bag) and affixing tape over the flap. If the tape prompts for initials of the collector and donor – please complete and date.
9. Hand the labeled, bagged, sealed samples over to the officer or assist with packing into Styrofoam container.
10. Complete the paperwork needed by the officer and Attachment A for our records.
11. Indicate on attachment "A" step 5 that sample was given to officer, document officer's name and badge number.
12. File all Attachment A paperwork and copies (if made) of consent or search warrant in the Specimen Processing Legal File/Folder by month.

**Requested by Patient or his/her Attorney or by Court Order:**

13. Register the patient in Cerner and order ALC LEGAL. Complete full registration. Enter CASH as Insurance Name if payment is received at time of service.
  - Complete a PacLab requisition. Insure that the patient's address and phone number are on the requisition.
14. Collect payment of \$80.00 for test in the form of cash, money order or check. Provide PacLab receipt to patient.
  - If patient has no means to pay at the time of venipuncture, order XGREY in Cerner with an order comment that "Sample is to be held in the tamper proof bag in TIQ bin of Processing Refrigerator, until payment is made for ALC LEGAL". Affix label to tube. Samples will be saved for 30 days pending payment.
15. Follow the steps in the *Certificate of Blood Alcohol Collection* checklist (See Attachment A).
16. Identify the patient before venipuncture using two patient identifiers.
  - Use driver's license or picture ID to validate identity.
17. Complete a blank "*PacLab/PAML Chain of Custody*" form (Blue & white) or other Reference lab COC if patient has requested testing be done elsewhere. Write FHS Lab Acct PA 24465 at the top left portion. Mark Blood Alcohol (Step 1, E).
18. Cleanse the venipuncture site with a non-alcohol based disinfectant, i.e., betadine. **Note:** Frepp Sepp disinfectant may contain alcohol. DO NOT USE ALCOHOL SWAB or FREPP SEPP. Can use soap and water if patient is allergic to betadine, this must be documented on attachment A.
19. Perform the venipuncture and fill 2 Grey top tubes. Mix well by inversion 8-10 times.
20. Properly label both tubes with patient's last and first name, date, time, and your tech ID in the presence of the patient.
21. Seal the tube(s) using the seals at the bottom of the COC form. Take care to align the seal properly with the CAP positioned over the tube stopper area. Do not place the barcode over the patient's name. Date the seals, add the phlebotomist initials and ask the donor/patient to initial.
22. Place labeled and sealed samples into a tamperproof bag and secure.
23. Complete the remaining portions of the PacLab/PAML (or other reference lab) chain of custody requisition, including the collector part (Step 4) and obtain signature of the donor/patient in Step 5. Package sample and COC like you would a regular urine drug collection for PAML by placing in the PAML send out box. Loads to a manual RQW for PAML (979). Retain the collector copy and give the donor copy to the donor. Remaining COC goes in pouch of tamperproof bag.
24. ALC LEGAL test will fall to RQW for Manual Reqs going to PAML.
25. Prepare this sample for transport with other PAML destined samples.

CERTIFICATE OF BLOOD ALCOHOL COLLECTION

- St. Joseph Medical Center Tacoma, WA
St. Francis Hospital Federal Way, WA
St. Clare Hospital Lakewood, WA
St. Anthony Hospital Gig Harbor, WA
St. Elizabeth Hospital Enumclaw, WA
PSC

Patient Driver License No.

Date Time of Collection

The undersigned certifies under oath and under penalty of perjury that :

- 1. I identified the patient by: Circle one below
a. Driver's License DRL #
b. Law Enforcement Officer verification.
2. Legal blood alcohol draw request provided to phlebotomist: Circle one below
a. Officer request and/or consent for blood draw.
b. Subpoena or search warrant
c. Court order
d. Patient request
e. Other:
3. 1-2 blood tubes are provided by the Officer and I verify the following:
a. Type of anticoagulant:
b. Expiration date of tube:
4. I have drawn a sample from the patient, using the following steps from the Legal Alcohol Collection Procedure of this facility:
a. I prepared the site using a Betadine swab (non-alcohol) or soap and water. NO ALCOHOL was used.
b. I drew the sample from (venipuncture site)
c. I drew whole blood into Grey Top Tube(s).
d. I labeled the tube with Last and First Name, Date, Time, and my Tech ID (Identification).
5. Check which one applies:
a. I gave the sealed specimen to Washington State Law Enforcement Officer
Badge No.
b. The sample was retained for testing by Reference Lab.

Name of Phlebotomist (Please Print) Title Date

Phlebotomist Signature

**Legal Alcohol Blood Test Requested By The Patient**

- St. Joseph Medical Center Tacoma, WA
- St. Clare Hospital Lakewood, WA
- St. Elizabeth Hospital Enumclaw, WA
- St. Francis Hospital Federal Way, WA
- St. Anthony Hospital Gig Harbor, WA
- PSC

I, \_\_\_\_\_, hereby request a qualified member of the staff of, St Anthony Hospital, St Clare Hospital, St Elizabeth Hospital, St Francis Hospital or St Joseph Medical Center withdraw a sample of my blood for the purpose of testing it chemically to determine alcohol content.

The procedures necessary to take a sample of my blood and test it chemically have been explained to me and I understand the nature of those procedures.

I understand that I have the right to request this test for my own confidential use and benefit, but that there nevertheless is a risk it might be used against me in a court of law without my consent; that I also have the right to make this test available to a law enforcement agency voluntarily, in which event it can be used as evidence against me.

I hereby release the hospital and its medical staff and employees from any and all liability with connection with the results of this test.

\_\_\_\_\_  
(Patient Signature)

\_\_\_\_\_  
(Phlebotomist Signature)

\_\_\_\_\_  
(Parent/Legal Guardian)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Time)

**NOTE: PacLab/PAML or other Reference Lab Chain of Custody Form must be attached to ensure that the results of this test can be positively identified for possible use as legal evidence.**

STATE OF WASHINGTON  
COUNTY

COURT

STATE OF WASHINGTON,  
  
Plaintiff,  
  
v.  
  
Defendant.

NO.  
AFFIDAVIT IN SUPPORT OF SEARCH  
WARRANT FOR EVIDENCE OF A CRIME,  
TO WIT:  
  
 DRIVING WHILE UNDER THE  
INFLUENCE, RCW 46.61.502  
 PHYSICAL CONTROL OF VEHICLE  
WHILE UNDER THE INFLUENCE,  
RCW 46.61.504  
 DRIVER UNDER TWENTY-ONE  
CONSUMING ALCOHOL,  
RCW 46.61.503

I, \_\_\_\_\_, being duly sworn and upon oath, depose and say--

I am a duly appointed, qualified, and acting law enforcement officer for the:

- Washington State Patrol
- \_\_\_\_\_ County Sheriff's Department.
- \_\_\_\_\_ Police Department.

I am charged with responsibility for the investigation of criminal activity occurring within \_\_\_\_\_, and have probable cause to believe, and do, in fact, believe, that evidence of the crime(s) of:

- Driving While under the Influence, RCW 46.61.502
- Physical Control of Vehicle While under the Influence, RCW 46.61.504
- Driver under Twenty-one Consuming Alcohol, RCW 46.61.503
- \_\_\_\_\_

is concealed in, about or upon the person of \_\_\_\_\_, who is currently located within the County of \_\_\_\_\_, my belief being based upon information acquired through personal interviews with witnesses and other law enforcement officers, review of reports and personal observations, said information being as further described herein--

My training and experience regarding investigations of the above crime(s) is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The facts supporting the initial contact with \_\_\_\_\_ are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The facts supporting my belief that \_\_\_\_\_ is under the influence of intoxicants and/or drugs are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The defendant, \_\_\_\_\_:

- has refused to take a breath alcohol test on an instrument approved by the State Toxicologist.
- is being treated in a hospital, clinic, doctor's office, emergency medical vehicle, ambulance, or other similar facility, or is at a location that lacks an instrument approved by the State Toxicologist for performing breath testing, and the defendant has refused to submit to a blood test.
- is incapable due to physical injury, physical incapacity, or other physical limitation, of submitting to a breath alcohol test, and the defendant has refused to submit to a blood test.
- has refused to submit to a blood test at the request of the undersigned, who has reasonable grounds to believe that the defendant is under the influence of a drug (as further described herein).
- was not offered an opportunity to take a breath alcohol test on an instrument approved by the State Toxicologist because:
  - the available instrument is currently out of order.
  - the defendant does not speak English and the implied consent warnings are not available in a language that the defendant understands.
  - a low alcohol concentration reading on a portable breath test device makes it probable that any impairment is the result of a substance or drug other than alcohol.
  -
- submitted to a breath test on an instrument approved by the State Toxicologist but the breath alcohol concentration reading of \_\_\_\_\_ is not consistent with the defendant's level of impairment suggesting that the defendant is also under the influence of a drug.

A sample of \_\_\_\_\_'s blood, if extracted within a reasonable period of time after he/she last operated, or was in physical control of, a motor vehicle, may be tested to determine his/her current blood alcohol level and to detect the presence of any drugs that may have impaired his/her ability to drive. This search warrant is being requested \_\_\_\_\_ hours \_\_\_\_\_ minutes after \_\_\_\_\_ ceased driving/was found in physical control of a motor vehicle.

The Legislature has specifically authorized the use of search warrants for blood in cases in which the implied consent statute applies. See RCW 46.20.308(1) ("Neither consent nor this section precludes a police officer from obtaining a search warrant for a person's breath or blood."). The Legislature has also specified specific classes of people as being qualified to withdraw blood for alcohol testing. See RCW 46.61.506(5).

Therefore, I request authority to cause a sample of blood, consisting of one or more tubes, to be extracted from the person of \_\_\_\_\_ by a physician, a registered nurse,

a licensed practical nurse, a nursing assistant as defined in chapter 18.88A RCW, a physician assistant as defined in chapter Ch. 18.71A or Ch. 18.71 RCW, a health care assistant as defined in chapter 18.135 RCW, or any technician trained in withdrawing blood.

_____ Printed Name of Peace Officer, Agency, and Personnel Number	_____ Signature of Peace Officer
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SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
JUDGE

\_\_\_\_\_  
Printed or Typed Name of Judge

<p><b>Distribution if warrant obtained in person</b>—Original (Court Clerk); 1 copy (Prosecutor), 1 copy (Officer).  <b>Distribution if warrant obtained telephonically</b>—If search warrant was obtained telephonically, this complaint must be read in its entirety to the judge after the officer is placed under oath. Original (Prosecutor); 1 copy (Officer).</p>
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STATE OF WASHINGTON	
_____ COUNTY _____	COURT
STATE OF WASHINGTON,	NO.
Plaintiff,	SEARCH WARRANT FOR EVIDENCE OF A CRIME, TO WIT:
v.	<input type="checkbox"/> DRIVING WHILE UNDER THE INFLUENCE, RCW 46.61.502
_____	<input type="checkbox"/> PHYSICAL CONTROL OF VEHICLE WHILE UNDER THE INFLUENCE, RCW 46.61.504
Defendant.	<input type="checkbox"/> DRIVER UNDER TWENTY-ONE CONSUMING ALCOHOL, RCW 46.61.503
	<input type="checkbox"/> _____

TO ANY PEACE OFFICER IN THE STATE OF WASHINGTON:

WHEREAS, upon the sworn complaint heretofore made and filed and/or the testimonial evidence given in the above-entitled Court and incorporated herein by this reference, it appears to the undersigned Judge of the above-entitled Court that there is probable cause to believe that, in violation of the laws of the State of Washington, evidence of the crime(s) of:

- Driving While under the Influence, RCW 46.61.502
- Physical Control of Vehicle While under the Influence, RCW 46.61.504
- Driver under Twenty-one Consuming Alcohol, RCW 46.61.503
- \_\_\_\_\_

is concealed in, about or upon the person of \_\_\_\_\_, who is currently



NOW, THEREFORE, in the name of the State of Washington, you are hereby commanded with the necessary and proper assistance of a physician, a registered nurse, a licensed practical nurse, a nursing assistant as defined in chapter 18.88A RCW, a physician assistant as defined in chapter Ch. 18.71A or Ch. 18.71 RCW, a health care assistant as defined in chapter 18.135 RCW, or any technician trained in withdrawing blood, to extract a sample of blood, consisting of one or more tubes, from the person of \_\_\_\_\_, within \_\_\_\_\_ hours of the issuance of this search warrant and to ensure the safe keeping of the same and to make a return of said warrant within three (3) days; with a particular statement of all the articles seized and the name and title of the person who extracted the sample of blood. A copy of said warrant shall be served upon the person from whom the blood is to be extracted and upon the person who extracted the sample of blood together with a receipt for the blood that was extracted.

GIVEN UNDER MY HAND this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
JUDGE

\_\_\_\_\_  
Printed or Typed Name of Judge

This warrant was issued by the above judge, pursuant to the telephonic warrant procedure authorized by CrR 2.3 and CrRLJ 2.3 on \_\_\_\_\_, 20 \_\_\_\_, at \_\_\_\_\_ (time).

<p>_____ Printed Name of Peace Officer, Agency, and Personnel Number</p>	<p>_____ Signature of Peace Officer Authorized to Affix Judge's Signature to Warrant</p>
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**Distribution**—No copies made until after the judge signs or approves an officer signing in the judge's stead after the entire warrant is read to the judge. Original (Court Clerk); 1 copy (Prosecutor); 1 copy (Officer); 1 copy to give to person from whom the blood is extracted, 1 copy to give to person who extracted the blood.

STATE OF WASHINGTON  
COUNTY \_\_\_\_\_ COURT

STATE OF WASHINGTON,  <p style="text-align: center;">Plaintiff,</p> v.  _____,  <p style="text-align: center;">Defendant.</p>	NO.  <b>RECEIPT FOR PROPERTY TAKEN</b>
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The following property was taken from the person of \_\_\_\_\_ pursuant to a Search Warrant having the same cause number:

A sample of blood consisting of \_\_\_\_\_ tubes.

Acknowledged by Person from whom blood was extracted: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Acknowledged by Person who extracted the blood: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Distribution**—Original Receipt left with the person from whom the blood was drawn or left with medical staff if person is unavailable; 1 copy (Court Clerk); 1 copy (Prosecutor); 1 copy (Officer); 1 copy (person who extracted the blood).

STATE OF WASHINGTON  
COUNTY \_\_\_\_\_ COURT

STATE OF WASHINGTON,  <p style="text-align: center;">Plaintiff,</p> v.  _____,  <p style="text-align: center;">Defendant.</p>	NO.  <b>INVENTORY AND RETURN OF PROPERTY TAKEN UNDER SEARCH WARRANT</b>
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A sample of blood consisting of \_\_\_\_\_ tubes was extracted from the person of \_\_\_\_\_ in the County of \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ (time) by \_\_\_\_\_, who is employed by \_\_\_\_\_ as a  physician  registered nurse  licensed practical nurse  nursing assistant as defined in chapter 18.88A RCW  physician assistant as defined in Ch. 18.71A or Ch. 18.71 RCW  health care assistant as defined in chapter 18.135 RCW  technician trained in withdrawing blood.

Acknowledged by Person from whom blood was extracted: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Acknowledged by Person who extracted the blood: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Distribution**—Original filed with Court Clerk within 3 days of service of warrant; 1 copy (Prosecutor), 1 copy (Officer).

**DOCUMENT APPROVAL Purpose of Document / Reason for Change:**

6/13/13 – Changed term “health care assistant” to “medical assistant phlebotomist” on first page, per new DOH rules. Removed the field for the number of mL of whole blood drawn in to the grey top tube(s) in Attachment A, Section 4 c. Other minor formatting changes.

11/8/12 – Added a “mock” header to Attachments A & B as these documents are faxed to outside agencies. Added Doc ID to remaining attachments. Under equipment, added 2 for number of grey tops needed. Changed from should to must for the person collecting to label the samples. Modified step 23 to include handling of samples going to PAML.

No significant change to process in above revision. Per CAP, this revision does not require further Medical Director approval.

<b>Committee Approval Date</b>	<input checked="" type="checkbox"/> Date: 6/13/13 <input type="checkbox"/> N/A – revision of department-specific document which is used at only one facility	<b>Medical Director Approval</b> (Electronic Signature)	 <b>6/13/13</b>
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