

Collecting Legal Blood Alcohol Specimens

Purpose To provide complete chain of custody documentation for the purpose of obtaining a legal blood alcohol level from a patient in the emergency room. To assist law enforcement officials in obtaining a legally binding specimen for the purpose of evidence to be presented to a court of law.

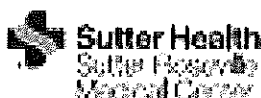
- Policy**
- Licensed personnel, (Medical Technologists, RN's and physicians) and trained Laboratory Assistants and Phlebotomists may obtain blood alcohol levels requested by members of the law enforcement agencies for legal purposes.
 - The officer must present a completed and signed "Blood Test Request by Peace Officer" form **BEFORE** collecting blood for a legal blood alcohol level.
 - Patients seen in Sutter Roseville Medical Center Emergency Department for medical treatment are the only patients that may be drawn for legal blood alcohol levels.
 - Patients arm must be prepared for this collection using castille soap or betadine. **NEVER USE ALCOHOL PREP FOR THIS PROCEDURE.**
 - Once a patient is placed under arrest (ask officer) they do not have the right to refuse the draw.
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- Related Documents**
- California Department of Justice collection kit box
 - Blood Test Request by Peace Officer form
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To perform a legal blood alcohol specimen collection you will need the following items:

1. Blood Test Request by Peace Officer form
2. California Department of Justice collection kit box
3. Castille soap pad in place of alcohol prep pads
4. All supplies needed for draw using the *Collecting Blood Specimens by Venipuncture* procedure

11	Seal the envelope and hand it to the requesting officer.	
12	Verify the Blood Test Request by Peace Officer is completed. Have the officer fill in any information that is missing.	
13	Provide a copy of the completed Blood Test Request by Peace Officer form to registration so that a Lab Account Number (Lab CSN) can be created.	
14	Tube the completed Blood Test Request by Peace Officer form to the laboratory.	
15	Once the Blood Test Request by Peace Officer form is received in the laboratory the computer processor will immediately order the test LBV in Sunquest Order Entry:	
	If	Then
	The RV Lab account number is listed in Order entry.	Select the appropriate Lab Account Number and proceed to step 10 below.
	The RV Lab account number is NOT listed in Order Entry.	<ol style="list-style-type: none"> 1. Log in to EPIC to determine the Lab CSN number (note: do not select the primary CSN number) 2. Open Sunquest Order Entry 3. Enter the patient's medical record number 4. Pick the RV Lab account listed 5. Select New Episode in Sunquest Order Entry 6. Enter the lab location RVLABA 7. Continue 8. Enter the lab CSN number from EPIC 9. Save 10. Enter the collection date/time 11. Enter UNKN for provider 12. Enter the phlebotomy tech code 13. Workload Code is VP 14. Order Code LBV 15. Enter the Law Enforcement Agency and County in the Modifier 16. Assign Accession Number 17. Document the Accession Number on the Blood Test Request by Peace Officer Form 18. File the paperwork in the Legal Blood Alcohol folder in the file cabinet



BLOOD TEST REQUEST BY PEACE OFFICER

**STATEMENT OF PEACE OFFICER REQUESTING THE BLOOD TEST
SOLICITUD DE ANÁLISIS DE SANGRE POR UN AGENTE DEL ORDEN PÚBLICO**

The undersigned, a duly authorized peace officer of (peace or law enforcement agency) _____, hereby requests that a blood sample be obtained from (name of person being tested) _____ I certify that I have probable cause to believe that the sample obtained will provide evidence that the person being tested was driving a motor vehicle in violation of Vehicle Code Section 23140, 23152 or 23153.

Print name: _____ Signature: _____
(Peace Officer) (Peace Officer)

Badge or ID number _____ Date ____/____/____ Time _____ AM / PM

**CONSENT TO BLOOD TEST
CONSENTIMIENTO PARA SOMETERSE A UN ANÁLISIS DE SANGRE**

I hereby consent to the withdrawal of a blood sample from my body. I certify that I am not a person who is afflicted with hemophilia or a person who is afflicted with a health condition and using an anticoagulant.
Por la presente, consentimiento a que se extraiga de mi cuerpo una muestra de sangre. Certifico que no padezco de hemofilia ni de una enfermedad cardíaca que requiera el uso de un anticoagulante.

Print name/ Nombre de impresión: _____ Signature/ Firma: _____
(Person being tested / persona sometida al análisis)

Date/ Fecha ____/____/____ Time/ Hora _____ AM / PM

Print name: _____ Signature: _____
(Witness / Testigo) (Witness / Testigo)

STATEMENT OF PERSON WITHDRAWING THE BLOOD

Upon the request of the peace officer named above, I have withdrawn a blood sample from the above-named person.

Print name _____ Signature _____
(Person withdrawing blood) (Person withdrawing blood)

Date/ Fecha ____/____/____ Time/ Hora _____ AM / PM

PATIENT ACCESS HIM	
Assign to computer account	SSIPD CORP-PLACER COUNTY DISTRICT ATTORNEY
Assign Document Description	Blood Testing Request by Peace Officer
Scan under Document Type	Legal Documentation

