

# BOARD OF TESTS FOR ALCOHOL AND DRUG INFLUENCE

## INSTRUCTIONS FOR LAW ENFORCEMENT OFFICER FOR USE OF BLOOD ALCOHOL/DRUG SPECIMEN COLLECTION KIT

- STEP 1** If kit was not sealed when first opened, discard entire kit and obtain another kit. If kit has expired, kit should be discarded and another kit obtained (hospital can use appropriate substitute items, preferably gray stopper vials).
- STEP 2** The officer should first fill out information requested on the **BLOOD TEST OFFICER'S AFFIDAVIT** form. It is provided with this kit and must be submitted with the kit.
- STEP 3** The officer must witness blood withdrawal.
- STEP 4** Open the styrofoam blood tube holder and allow a qualified blood collector to collect blood specimens from the arrestee.

### **INSTRUCTIONS FOR QUALIFIED BLOOD COLLECTOR**

- STEP 5** Using the items provided in this kit or appropriate substituted items, withdraw blood specimens allowing all three (3) blood tubes to fill. To assure proper blood mixing with anti-coagulant/preservative powder, invert the tubes after collection. After collection, discard used needle, needle holder, and alcohol free prep pads.
- STEP 6** The blood collector must sign the **BLOOD TEST OFFICER'S AFFIDAVIT** form.
- STEP 7** The officer is to complete the information requested on the three (3) blood specimen tubes seals and one (1) internal kit seal. All specimen seals must be completed.
- STEP 8** Using the three (3) blood specimen seals, wrap one (1) seal lengthwise over the top of each of the three (3) tubes.
- STEP 9** Return the three (3) sealed tubes to the styrofoam holder. Ensure that the tubes are properly positioned to prevent breakage.
- STEP 10** Close the styrofoam holder and seal with the internal kit seal. Overlap the seal on the top of the styrofoam holder so that the information completed on the seal is positioned on top of the styrofoam holder.
- STEP 11** The officer is to complete the information requested on the label on the top of the styrofoam holder.
- STEP 12** Place the sealed styrofoam holder in the re-sealable plastic bag, and close the end of the bag. Do not remove the liquid absorbing cotton pad from the re-sealable plastic bag.
- STEP 13** Return sealed styrofoam holder to mailing container. Do not seal the kit mailing box at this time.
- STEP 14** Affix enclosed biohazard label where indicated on top of the kit mailing box, then return the two remaining kit seals to mailer box; do not use these at this time.
- STEP 15** Complete the remainder of the **BLOOD TEST OFFICER'S AFFIDAVIT** form and follow the directions at the bottom for distribution of form. Place the original in the mailing box. Close the mailing box and affix the two remaining seals on the mailing box and mail or deliver to the OSBI laboratory.

# BLOOD TEST OFFICER'S AFFIDAVIT

Section 1

|                                       |                                    |       |       |                   |                 |                                 |                               |              |               |       |
|---------------------------------------|------------------------------------|-------|-------|-------------------|-----------------|---------------------------------|-------------------------------|--------------|---------------|-------|
| UNDER 21                              | YES                                | NO    | CO#   | CITY#             | CITATION NUMBER | INCIDENT NUMBER (IF APPLICABLE) |                               |              |               |       |
| DATE OF INCIDENT/ARREST               | TIME OF INCIDENT/ARREST (MILITARY) |       |       | INCIDENT LOCATION |                 |                                 | CITY                          |              | COUNTY        |       |
| NAME OF SUBJECT (LAST, FIRST, MIDDLE) |                                    |       |       |                   | DOB (MO/DAY/YR) |                                 | HEIGHT                        | WEIGHT       | RACE          | SEX   |
| ADDRESS OF SUBJECT                    |                                    |       |       |                   | CITY            |                                 |                               | STATE        | ZIP CODE      |       |
| DL NUMBER                             | EXP. (MO/YR)                       | STATE | CLASS | RESTRICTIONS      | ENDORSEMENTS    | CMV/CDL<br>Y   N                | HAZ MAT<br>PLACARDED<br>Y   N | VEHICLE MAKE | VEHICLE MODEL | TAG # |

**For Implied Consent Cases Only:** On the above date, time and location, the above named person was arrested, and I had reasonable grounds to believe the person was driving or in actual physical control of a motor vehicle upon a public road, highway, street, turnpike, public parking lot, or other public place or upon a private road, street, alley, or lane which provides access to one or more single or multi-family dwellings within this state while under the influence of alcohol and/or other intoxicating substances as prohibited by law.

Describe driving behavior or circumstances (APC, Collision, etc.): \_\_\_\_\_

Describe person's condition (odor, actions, SFST, etc.): \_\_\_\_\_

THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST REQUEST? YES NO

OTHER WITNESSES: Section 2

A. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
B. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

STATE'S TEST (ARRESTEE AGREED IMPLIED CONSENT<sup>1</sup>)  
<sup>1</sup>IN COMPLIANCE WITH OAC 40:20-1-3

ADDITIONAL TEST (ARRESTEE REQUEST)  
FOR CRIMINAL PROSECUTION ONLY

FATALITY  
GREAT BODILY INJURY

Section 3

Right Arm Blood Draw  
Left Arm Blood Draw

Notice: The arm designation of the blood draw is not required by the State and is provided at the request of law enforcement for report writing and record keeping. It is optional.

Section 4

|                                       |                 |                             |  |  |  |  |  |                        |                                     |         |
|---------------------------------------|-----------------|-----------------------------|--|--|--|--|--|------------------------|-------------------------------------|---------|
| COLLECTION DATE                       | TIME (MILITARY) | BLOOD KIT NUMBER (6 digits) |  |  |  |  |  | #VIALS COLLECTED       | PLACE OF COLLECTION (HOSPITAL NAME) |         |
| SIGNATURE OF PERSON WITHDRAWING BLOOD |                 |                             |  |  |  |  |  | PRINT NAME AND TITLE   |                                     |         |
| COUNTY OF OFFENSE                     |                 |                             |  |  |  |  |  | DELIVERED OR MAILED BY |                                     |         |
| WITNESSED BY OFFICER                  |                 |                             |  |  |  |  |  | PRINT NAME AND TITLE   |                                     | BADGE # |

NOTE: DO NOT SEIZE THE PERSON'S DRIVER'S LICENSE BASED UPON CONSENT TO THE STATE'S BLOOD TEST.

Section 5

Section 6

In accordance with Title 12 O.S. Section 426. "I state under **penalty of perjury** under the laws of Oklahoma that the foregoing is true and correct."

Date Place (location when signed) Signature of Law Enforcement Officer\* Print Name

Agency (list troop if applicable) Address Zip Agency/Troop Phone Number

\*Upon submission of evidence to the OSBI Laboratory for examination, the requesting officer certifies with his/her signature:  
I am aware of and consent to the terms outlined in the OSBI CSD Notice to Customers (OSBI CSD QMA 1.1).

**THIS FORM DOES NOT HAVE TO BE NOTARIZED. (Read Section 5)**

Complete all sections. Make copies, **front and back**, of this form and distribute as follows:

- DISTRIBUTION OF FORM:**
1. Give one copy to the person whose blood was withdrawn.
  2. **Put the original in the blood kit.**
  3. Give one copy to the Prosecutor.
  4. Keep one copy for your records.

LAB USE ONLY

11/2024

## What Happens Next?

The State of Oklahoma will send you an Order of Revocation and/or Disqualification if action is taken. It will be mailed to the address you have on file with Service Oklahoma. To confirm or change your mailing address on file, contact Service Oklahoma.

The Order of Revocation and/or Disqualification will contain important information about your reinstatement requirements and your right to appeal the revocation and/or disqualification of your driving privileges.

## NOTICE OF RIGHT TO REQUEST INDEPENDENT TESTING

State law requires the retention of blood specimens. Your specimen will be retained for **sixty (60)** days from the date of collection. During this period, you may request to have your specimen submitted to an approved laboratory for an independent test at your expense. Contact the OSBI Forensic Science Center at 405-330-6724 to request that your specimen be forwarded to an approved laboratory.