

**INSTRUCTIONS FOR LEGAL URINE ALCOHOL COLLECTION**  
(SEE REVERSE SIDE FOR BLOOD INSTRUCTIONS)

1. A standard Urine Alcohol Collection Kit should be opened and information written on the submittal form.
2. Observe collection (•) of initial sample in specimen cup and record time of collection and record subject's name on specimen cup label. Subject should empty bladder at this time.
3. Make sure there is approximately 1" of empty space at the top of the specimen cup, replace lid. Place completed security seal over cup.
4. Observe collection (\*) of second sample in another specimen cup 20-40 minutes after first sample collection, make sure to record time and subject's name on specimen cup label. (A drink of water after first sample will assist in obtaining the second sample.) If subject does not provide a sample within a reasonable time (about 1 hour), the test can be considered a refusal.
5. Place sealed specimen cup into plastic bag containing the absorbent paper. **(NOTE: Ziploc bag should have the following information on it: Agency case number and agency item number, and have an additional completed evidence seal including officer initials and date)** Place the bag and submittal form in the provided mailer box and seal the cardboard mailer with the kit shipping seal. (Be sure to initial and date the seal to complete it.) Send to Division of Criminal Investigation Laboratory 208 South College Dr. Cheyenne, WY 82007

If drugs are suspected, you may also collect a Urine Drug Kit. Collection during the initial voiding is recommended as usually providing the greatest volume of sample. Follow above steps 2-3 for collection.

(•) Urine may be collected in a clean container, i.e., disposable cup, etc. and transferred to the tube.

**CONSENT FORM: (OPTIONAL)**

I have granted permission for  
Urine samples to be taken.  
Signed \_\_\_\_\_  
Date \_\_\_\_\_

**COLLECTION REPORT:**

Subject's Name \_\_\_\_\_  
(Sample #1) Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(Sample #2) Date: \_\_\_\_\_ Time: \_\_\_\_\_ I  
certify that I observed the actual urine collection  
from the above person.  
Signed \_\_\_\_\_ Title \_\_\_\_\_

**REQUEST FORM:**

I \_\_\_\_\_ being a duly authorized member of \_\_\_\_\_ do hereby  
request that \_\_\_\_\_ take urine samples from \_\_\_\_\_ for the  
purpose of obtaining a chemical test(s).

Signed \_\_\_\_\_ Date: \_\_\_\_\_

**BLOOD ALCOHOL/DRUG COLLECTION KIT**  
**INSTRUCTIONS FOR BLOOD COLLECTION** (See Reverse for Urine Instructions)

OFFICER: PLEASE KEEP THIS FORM!!!

The contents of this kit does not contain ethyl alcohol and the blood samples taken with the materials in this kit will be in compliance with WY Statute 31-6-105(a).

CONSENT FORM: (OPTIONAL)

I have granted permission for blood samples to be taken.  
Signed \_\_\_\_\_ Date: \_\_\_\_\_ Note: According to 31-6-102(c), any person dead, unconscious or otherwise in a condition rendering him incapable of refusal to submit to the tests is deemed to have given his consent.

**INSTRUCTIONS FOR BLOOD COLLECTION**

1. Cleanse the blood collection site with the alcohol-free prep pad provided. Following normal hospital/clinic procedure and using the multi-sample needle and blood tubes provided, withdraw blood specimens from subject, allowing both tubes to fill to maximum volume. Immediately after blood collection, assure proper mixing of sodium fluoride and anticoagulant powder by slowly and completely inverting the blood tubes (8 to 10 inversions recommended). **DO NOT SHAKE VIGOROUSLY!**

2. Fill out all information requested on both Blood Specimen Security Seals, then have the arresting officer verify the accuracy of information on both seals.

3. Remove the backing from Blood Specimen Seals, affix center of seals on the blood tube rubber stoppers, then press ends of seals down sides of the blood tubes.

4. Return the sealed blood tubes to the specimen holder. Complete the Officer's Report information on the top of the holder. Seal specimen holder with evidence seal provided. (Be sure to complete the seal with initials and date and make certain that the **Agency case number and item number** are recoded on the box.) **Discard used needle, holder, tourniquet and prep pad. (Do not return needle to kit)**

**COLLECTION REPORT:**

Subject's Name \_\_\_\_\_  
Place of collection \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

I hereby certify that I drew blood samples from the above person, I followed the instructions for blood collection and that I am a (physician, registered Nurse, qualified clinical or laboratory technician or other person who routinely does venipunctures at the direction of a physician) (indicate your category)

Signed \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_

**FINAL INSTRUCTIONS:**

1. Ensure that all forms, Blood Collection Report and Consent form, have been completed.
2. Place filled and sealed blood collection tubes in the Ziploc bag provided. (Do not remove the liquid absorption sheet from Ziploc bag.) Squeeze out excessive air from bag, then seal. Place bag and its contents in mailer box provided. (Seal with kit shipping seal)
3. Fill in To and From Addresses: Send to Division of Criminal Investigation Laboratory 208 South College Dr. Cheyenne, WY 82007

-----DETACH ALONG LINE AND GIVE TO BLOOD COLLECTOR-----

WY Sec 31-6-106: **NO LIABILITY INCURRED BY PERSONS REQUESTED TO ADMINISTER TEST.** No physician, registered nurse, or other person who routinely does venipunctures at the direction of a physician or facility in which the blood is drawn shall incur any civil or criminal liability as a result of the proper and acceptable administering of a blood test when requested in writing by a peace officer or any other person, to administer the test.

I, \_\_\_\_\_ being a duly authorized member of \_\_\_\_\_ do hereby request that being a physician, registered nurse, qualified clinical or laboratory technician or other person who routinely does venipuncture, takes a blood sample from \_\_\_\_\_ for the purpose of obtaining a chemical test(s).