

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

1. A standard Blood/Urine Alcohol Collection Kit should be opened and information written on the submittal form.
2. Observe collection (•) of initial sample in one tube and record time of collection and record subject's name on tube label. Subject should empty bladder at this time.
3. Make sure there is approximately 1" of empty space at the top of the tube, replace stopper, fill out seal and seal the tube. Invert tube at least 10 times to dissolve the powder in the tube. **DO NOT REMOVE POWDER!**
4. Observe collection (*) of second sample in the other tube about 20-40 minutes after first sample collection, make sure to record time and subject's name on tube 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. Make sure there is approximately 1" of empty space at the top of the tube, replace stopper, fill out seal and seal the tube. Invert tube at least 10 times to dissolve the powder in the tube. **DO NOT REMOVE POWDER!**
6. Put the sealed tubes in the plastic holder and seal with one of the completed seals. Place the holder in the bag with the absorbent paper, close and place a completed seal on the bag. Place the bag and submittal form in the box and seal cardboard mailer, remember to initial the box seal. Send to Division of Criminal Investigation Laboratory 208 South College Dr. Cheyenne, WY 82002

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.

(•) 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/URINE ALCOHOL 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 & urine 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 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. **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 ziplock bag provided. (Do not remove the liquid absorption sheet from ziplock bag.) Squeeze out excessive air from bag, then seal. Place bag and its contents in mailer provided.
3. Fill in To and From Addresses: **Send to Division of Criminal Investigation Laboratory 208 South College Dr. Cheyenne, WY 82002**

-----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, qualified clinical or laboratory technician 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).

Signed _____ Date _____