

**REQUEST FOR BLOOD ALCOHOL DETERMINATION**  
(AK PAM 40-13)

**PRIVACY ACT STATEMENT**

1. AUTHORITY: Section 42. Title 5 USC 3101. Title 10 10 USC 1071-1078.
2. PRINCIPAL PURPOSE: For is used by the laboratory technician to record percent alcohol in blood.
3. ROUTINE USES: Used to provide chain of custody and test results on blood specimens for administrative and disciplinary proceedings and provide research data when required by law for official purposes.
4. DISCLOSURE: SSN mandatory.

**SECTION I**

NAME (Last, First Middle)	GRADE	SSN	ORGANIZATION
---------------------------	-------	-----	--------------

I certify that the above individual (**has**) (**has not**) freely and voluntarily consented to collection of specimens of his/her blood. If the individual does not consent, I certify that authority to search and seize has been obtained from competent authority.

**REQUESTING DETERMINATION**

TYPE/PRINT NAME OF ORGANIZATION	TYPE/PRINT NAME OF COMMANDER OR LAW ENFORCEMENT OFFICIAL	TYPE/PRINT NAME OF COMMAND OR LAW ENFORCEMENT OFFICIAL
---------------------------------	--	--

TYPE/PRINT NAME OF AUTHORITY ORDERING THE SEIZURE OF BLOOD SPECIMEN (COMMANDER, MILITARY JUDGE, MAGISTRATE)

**SECTION II - SPECIMEN COLLECTION**

I certify that I have identified the patient named above and that I did not use any alcoholic preparations to clean the venipuncture area. I have labeled the specimens with the patient's name and SSN, and I have initialed and dated the specimens. I have sealed the tube to preclude tampering.

INDIVIDUAL DRAWING BLOOD (TYPE/PRINTED NAME)	SIGNATURE (INDIVIDUAL DRAWING BLOOD)	TIME	DATE
WITNESSED BY (TYPED/PRINTED NAME)	SIGNATURE (OF WITNESS)	TIME	DATE

**SECTION III - CHAIN OF CUSTODY**

DATE TIME	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY/ SPECIMEN CONDITION/REMARKS
	SIGNATURE	SIGNATURE	
	PRINTED NAME AND LOCATION	PRINTED NAME AND LOCATION	
	SIGNATURE	SIGNATURE	
	PRINTED NAME AND LOCATION	PRINTED NAME AND LOCATION	
	SIGNATURE	SIGNATURE	
	PRINTED NAME AND LOCATION	PRINTED NAME AND LOCATION	
	SIGNATURE	SIGNATURE	
	PRINTED NAME AND LOCATION	PRINTED NAME AND LOCATION	
	SIGNATURE	SIGNATURE	
	PRINTED NAME AND LOCATION	PRINTED NAME AND LOCATION	

**SECTION III - CHAIN OF CUSTODY (CONT)**

DATE TIME	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY/ SPECIMEN CONDITION/REMARKS
	SIGNATURE	SIGNATURE	
	PRINTED NAME AND LOCATION	PRINTED NAME AND LOCATION	
	SIGNATURE	SIGNATURE	
	PRINTED NAME AND LOCATION	PRINTED NAME AND LOCATION	
	SIGNATURE	SIGNATURE	
	PRINTED NAME AND LOCATION	PRINTED NAME AND LOCATION	
	SIGNATURE	SIGNATURE	
	PRINTED NAME AND LOCATION	PRINTED NAME AND LOCATION	
	SIGNATURE	SIGNATURE	
	PRINTED NAME AND LOCATION	PRINTED NAME AND LOCATION	
	SIGNATURE	SIGNATURE	
	PRINTED NAME AND LOCATION	PRINTED NAME AND LOCATION	

**SECTION IV - LABORATORY REPORT**

The sealed vial containing the above specimen (was) (was not) intact upon receipt. Such vial was opened by the analyst and determination was performed. Substances were found to be \_\_\_\_\_ of whole blood at \_\_\_\_\_, on \_\_\_\_\_ by laboratory technician named below.

TYPED NAME AND GRADE OF TECHNICIAN	SIGNATURE OF TECHNICIAN	DATE
TYPED NAME AND GRADE OF LABORATORY OFFICER	SIGNATURE OF LABORATORY OFFICER	DATE

**INSTRUCTIONS**

1. Prepare this form is triplicate.
2. The laboratory completing the test and annotating results on the EA Form 915-R-E will distribute as follows:
  - 1 Copy remains in the laboratory.
  - 1 Copy is provided to the requestor.
  - 1 The Original is forwarded to the custodian of the patient's medical record for inclusion in the record.
3. Double check information for accuracy since this form may be used in legal actions.