

FAYETTEVILLE POLICE DEPARTMENT
FAYETTEVILLE, ARKANSAS 72702

GENERAL ORDER #05

SUBJECT: MAILING OF BLOOD TO HEALTH DEPARTMENT

CROSS-REFERENCE:

DATE APPROVED BY COP: January 6, 1999

Richard L. Watson
Chief Richard L. WATSON

PURPOSE: To provide officers with procedures on handling and preparing blood samples for mailing to Arkansas Department of Health in Little Rock, Arkansas.

ORDER: When preparing a blood sample for alcohol analysis for the Arkansas Department of Health, use the following mailing instructions:

1. When you receive the blood sample from hospital personnel, make sure that person signs the custody chain section (Part II Collection of Blood or Urine" of the Blood Alcohol Report Form (BARF). The officer should also sign the custody section as the person receiving the sample.

2. Bring the blood sample to the police station and get one of the pre-addressed Health Department mailing boxes located in the cabinet above the DataMaster machine.

3. Turn to the back section of the DataMaster logbook and log your sample to the next number and complete the necessary information. Be sure and write our sample number on the lower left portion of the BAR form.

4. Make a copy of original BAR form and put it in the drawer along with the other BAR forms prior to mailing the sample to Little Rock . Be sure to fold up the entire original BAR form and include it in the mailing box along with the sample prior to mailing.

5. Fill out a Certified Mail receipt form as indicated on attached sheets. **BE SURE AND PLACE THE NAME OF THE TESTED PERSON SOMEWHERE ON THE FORM.** The certified receipt form is gummed on one end and should be stuck to the **TOP** of the mailing box. Just leave the rest of the form hanging out over the edge of the box. When the box is mailed, the white portion of the receipt is torn off and maintained in a file by the BAC DataMaster supervisor.

6. Fill out a green return receipt card as indicated in attached example. **BE SURE AND LIST THE NAME OF THE TESTED PERSON** on the card. After you have filled out the return receipt card on both sides, attach it securely to the box. **THE CARD SHOULD BE ATTACHED TO THE BOTTOM AND SIDES OF THE BOX. DO NOT ATTACH THE CARD TO THE TOP OR IN ANY MANNER WHICH COVERS UP THE ADDRESS LABEL ON THE BOX.** The Return Receipt card has adhesive strips on each end. Simply pull off the covering to expose the adhesive and then the card will stick to the box. It will probably help if you precrease the card to fit the box before you actually try to stick it to the box.

7. In the event the post office is closed, the prepared sample should be placed in an evidence locker with a note requesting the sample be mailed as soon as possible. The Return Receipt should be stamped by post office personnel and then returned to the BAC DataMaster supervisor.

P-572 877 472

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, June 1977
Blood Test on C.S.W. SMETH

Sent to:
Blood Alcohol Program
Ark. Dept. of Health
P. O. Box 8509
Little Rock, AR 72205

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

CERTIFIED

P-572 877 472

MAIL

USE
 BALL POINT PEN

DO NOT WRITE
 IN THIS SPACE

BREATH / BLOOD ALCOHOL REPORT FORM

PART I. OFFICER'S REPORT

SUBJECT: LAST NAME
 S M I T H
 FIRST
 C H A R L E S
 MIDDLE
 W
 ADDRESS
 RT 1
 FAYETTEVILLE, AR 72703

INCIDENT

IN WHICH COUNTY?
 (USE FIRST FOUR LETTERS)
 W A S H
 CONDITION OF SUBJECT
 NO INJURY 1
 INJURY 2 1
 DECEASED 3
 NO ACCIDENT 1
 ACCIDENT 2
 ACCID / FATAL 3 2
 DATE 01 06 99 TIME 02:15 (X) A.M.
 MO. DAY YR. HR. MIN. () P.M.

BIRTHDATE 01-06-80 NON-COMMERC. (NC)
 OR COMMERCIAL (CD) NCL
 STATE* AR DRIVERS LICENSE NUMBER 431342506
 MALE - 1 1 DRIVER 1
 FEMALE - 2 1 PASSENGER 2
 PEDESTRIAN 3 1
 OTHER 4

OFFICER'S SIGNATURE John R. Doright CITY COUNTY STATE POLICE OTHER 1 2 3 4 1
 RETURN RESULTS TO: PRINT full name and address
 FAYETTEVILLE POLICE DEPARTMENT
 ATTN: OFFICER DORIGHT
 P.O. BOX 1988
 FAYETTEVILLE, AR 72702

PART II. COLLECTOR OF BLOOD OR URINE

INDICATE ADDITIVES USED IN SAMPLE:
 mg sodium fluoride mg potassium oxalate
 NON-VOLATILE PREP
 NEW, STERILE EQUIPMENT & CONTAINER USED
 COLLECTION DATE
 COLLECTION TIME () A.M. () P.M.
 SUBMITTER: PULL PAGE THREE FOR YOUR COPY.
 SAMPLE REQUESTED BY: (X) LAW ENFORCEMENT () SUBJECT ()
 SIGNATURE / TITLE OF PERSON DRAWING BLOOD Betty Jones RN
 WITNESS (Signature) John R. Doright

FROM Betty Jones, RN. TO John R. Doright DATE 01/06/99
 SIGNATURE SIGNATURE
 SIGNATURE SIGNATURE
 SIGNATURE SIGNATURE
 SIGNATURE SIGNATURE

PART III. TEST RESULTS

NAME OF TESTING FACILITY: BLOOD URINE BREATH
 TUBE PROPERLY IDENTIFIED
 PRESERVATIVE & ANTICOAGULANT SATISFACTORY
 APPROXIMATELY ml of
 LABELED, IN PART
 TEST / SAMPLE NO.
 CERTIFICATION NO. OF INSTALLATION
 DATE OF TEST
 TIME OF TEST
 ALCOHOL TEST RESULTS 0.00 % W/V, BLOOD
 IF NO RESULTS ENTER RR FOR SUBJECT REFUSAL OR UNABLE EE FOR EQUIPMENT NOT USEABLE
 OPERATOR CERTIFICATION NO.
 OPERATOR OR ANALYST (Signature and title)
 WITNESS OF BREATH TEST (Optional)

PHP BA-5 REV. 7/94
 *USE TWO LETTER DESIGNATION FOR STATE OF ORIGIN