



**STATE OF OKLAHOMA  
BOARD OF TESTS FOR ALCOHOL AND DRUG INFLUENCE**

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Kevin Behrens  
Director

December 9, 2014

Memorandum

Any and all forms contained in the State of Oklahoma Blood Specimen Collection Kit are approved pursuant to 40 O.A.C. 45-1-2. Examples of the forms are attached to this Memorandum (Exhibit 1 and Exhibit 2). Questions regarding these forms or the State of Oklahoma Blood Specimen Collection Kit may be directed to the Board of Tests for Alcohol and Drug Influence.

A handwritten signature in black ink, appearing to read 'K. Behrens', is written over a horizontal line.

Kevin Behrens  
Director

(PLEASE PRINT)

Arrestee's Name: \_\_\_\_\_  
(Last) (First) (MI)

Arresting Officer: \_\_\_\_\_

Agency: \_\_\_\_\_

-----  
*WRAP INTERNAL KIT SEAL AROUND  
STYROFOAM BLOOD TUBE HOLDER*

▶ (OVERLAP SEAL HERE) ◀

If DRE, check Box



**OKLAHOMA BLOOD SPECIMEN COLLECTION KIT**  
FOR ALCOHOL AND/OR DRUG DETERMINATIONS  
**BLOOD KIT NUMBER 143862**  
EXP. DATE: AUG 31, 2015  
LOT NO.: 17412

KIT PROVIDED BY:  
OKLAHOMA STATE BUREAU OF INVESTIGATION

561B

EXHIBIT 1 (4 Pages)

# 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 the kit has expired, the hospital can use appropriate substitute items.
- 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 only 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** **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 tube 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 top of the styrofoam holder.
- STEP 12** If DRE, check designated box on the label on the styrofoam holder.
- STEP 13** Place sealed styrofoam holder in the plastic ziplock bag and close end of bag. Do not remove liquid absorbing cotton pad from ziplock bag.
- STEP 14** Return sealed styrofoam holder to mailing container. Do not seal the kit mailing box at this time.
- STEP 15** 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 16** 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

<b>UNDER 21</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	CO#	CITY #	CITATION NUMBER
			<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Section 1

ARREST DATE	TIME ARRESTED (MILITARY)	ARREST LOCATION			CITY	COUNTY				
ARRESTEE (LAST, FIRST, MIDDLE)				DOB (MO/DAY/YR)	HEIGHT	WEIGHT	RACE	SEX		
ARRESTEE ADDRESS				CITY	STATE	ZIP CODE				
DL NUMBER	EXP. (MO/YR)	STATE	CLASS	RESTRICTIONS	ENDORSEMENTS	CMV/CDL Y   N	HAZ MAT PLACARDED Y   N	VEHICLE MAKE	VEHICLE MODEL	TAG #

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):

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

### THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST REQUEST

OTHER WITNESSES:

Section 2

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

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

Section 3

COLLECTION DATE	MILITARY TIME	BLOOD KIT NUMBER	# VIALS COLLECTED	PLACE OF COLLECTION (HOSPITAL NAME)
CHECK TEST REQUESTED				
<input type="checkbox"/> ALCOHOL <input type="checkbox"/> GENERAL DRUG/INTOXICANTS SCREEN <input type="checkbox"/> ANALYZE FOR (SPECIFY): _____				
SIGNATURE AND TITLE (e.g. R/N) 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 4

When DPS receives the test results from an approved laboratory with a result in excess of the legal limit, DPS will send a notice of revocation to the person. (This form and blood specimen collection was done in accordance with OAC 40:20-1-3 COLLECTION, TRANSFERS, AND RETENTION OF BLOOD SPECIMENS.)

STATE'S TEST     
  FATALITY     
  PROPERTY DAMAGE  
 ADDITIONAL TEST (SUBJECT'S REQUEST)     
  INJURY     
  FOR CRIMINAL PROSECUTION ONLY

Section 5

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 <small>(location when signed)</small>	Signature of Arresting Officer	Print Name
Agency	Address	Zip	Phone

**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.

## NOTICE OF REVOCATION

Under state law, the Department of Public Safety is required to revoke or deny your driver's license and privilege to operate a motor vehicle in this state based on:

- A. 1. Whether you refused the state's test, OR
  2. If under the age of 21, whether your test results show an alcohol concentration of 0.02 g/210L or more, OR;
  3. If 21 years of age or older, whether your test results show an alcohol concentration of 0.08 g/210L or more.
- B. When blood is withdrawn and your alcohol concentration exceeds the legal limit, you will receive a notice mailed to the address on file with the Department of Public Safety informing you of the commencement date of the revocation.
- C. The length of revocation is extended if, within the past five (5) years from the date of this arrest, your driving record shows one or more revocations for the use of intoxicants or under the Implied Consent law.

Accordingly, notice is given that your driver's license is revoked or denied for a period of:

1. One hundred eighty (180) days, if you refused or failed the state's test, OR;
2. One (1) to three (3) years if you have one or more prior revocations stemming from the use of Intoxicants, test failures or refusals to test.

## NOTICE OF DISQUALIFICATION OF COMMERCIAL DRIVING PRIVILEGE

In addition to any revocation required by law, your commercial driving privilege in this state may be disqualified based upon:

- A. Your refusal to submit to a test(s) OR;
- B. A test result of .04 or more while operating a commercial motor vehicle.

THE LENGTH OF DISQUALIFICATION WILL BE:

1. One (1) Year if you have had no prior disqualifications for similar cause, OR;
2. Three (3) Years if the vehicle being operated was placarded for hazardous materials and you have no prior disqualifications for similar cause, OR;
3. Lifetime if you have any previous disqualifications for similar cause. When blood is withdrawn and your alcohol concentration exceeds the legal limit, you will receive a notice mailed to the address on file with the Department of Public Safety informing you of the commencement date of the DISQUALIFICATION.

## ADMINISTRATIVE HEARING REQUEST

If you wish to appeal the driver's license revocation/disqualification, the Department of Public Safety must receive your written request for an Administrative Hearing **within fifteen (15) days from the date you received notice of revocation or disqualification. A separate notice of revocation/disqualification will be mailed to you if your blood test results exceed the legal limit.** State law does not permit the Department to consider untimely hearing requests.

You may request an Administrative Hearing by submitting your written request in person at 3600 N. Martin Luther King Avenue or by mail to the Driver Improvement Bureau, Department of Public Safety, P.O. Box 11415, Oklahoma City, OK 73136. Telephone requests are **not** accepted.

To make a request for a hearing, state in writing that you desire a hearing concerning this matter and either attach a photocopy of the reverse side of this form or include in your written request complete identifying information, including your full name, date of birth, driver's license number, return address, telephone number, date of arrest, and arresting agency.

## CONFIRMING LENGTH OF REVOCATION/DISQUALIFICATION AND STATUTORY REQUIREMENTS FOR REINSTATEMENT OF DRIVING PRIVILEGES

Since the length of the driver's license revocation/disqualification period is extended by the existence of a prior record on file (if any), the Department of Public Safety will automatically check your record and confirm the length of revocation/disqualification to you by mail at your last known address on file. You will also receive information regarding statutory requirements for reinstatement. **WARNING: THIS WILL NOT EXTEND THE EFFECTIVE DATE OF THE REVOCATION/DISQUALIFICATION, NOR EXTEND THE TIME FOR YOU TO REQUEST A HEARING.**

## BLOOD SPECIMEN TEST RESULTS

The state's blood specimen will be submitted to an approved laboratory for analysis. The test results will be forwarded to the Department of Public Safety. Your driving privileges will not be affected unless you are given separate written notice, as provided by law. State law requires you to notify the Department within ten (10) days of any change of address.

## INDEPENDENT TESTING

State law requires the retention of blood and breath specimens (except where breath is tested by the INTOXILYZER 5000-D). 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 arresting agency to request that your specimen be forwarded to an approved laboratory.

## APPLICATION FOR RENEWAL OR DUPLICATE LICENSE UNLAWFUL

It is unlawful to apply for a renewal or duplicate driver's license if your license is in the custody of a law enforcement officer or the Department of Public Safety, punishable by imprisonment for not less than seven (7) days, nor more than six (6) months or by a fine of not more than Five Hundred Dollars (\$500.00), or by both such fine and imprisonment. (47 O.S. SECTION 6-303, PARAGRAPH D).



(PLEASE PRINT)

Arrestee's Name: \_\_\_\_\_  
(Last) (First) (MI)

Arresting Officer: \_\_\_\_\_

Agency: \_\_\_\_\_

*WRAP INTERNAL KIT SEAL AROUND  
STYROFOAM BLOOD TUBE HOLDER*

▶ (OVERLAP SEAL HERE) ◀

**BLOOD KIT NUMBER  
152230**

**OKLAHOMA BLOOD SPECIMEN COLLECTION KIT  
FOR ALCOHOL AND/OR DRUG DETERMINATIONS**

**EXP. DATE: MAY 31, 2016**

**LOT NO.: 21432**

**KIT PROVIDED BY:  
OKLAHOMA STATE BUREAU OF INVESTIGATION**

561C

EXHIBIT 2 (4 Pages)

# 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 the kit has expired, the hospital can use appropriate substitute items.
- 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 only 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** **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 tube 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 top of the styrofoam holder.
- STEP 12** Place sealed styrofoam holder in the plastic ziplock bag and close end of bag. Do not remove liquid absorbing cotton pad from ziplock 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

CO#      CITY #      CITATION NUMBER

<b>UNDER 21</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
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Section 1

ARREST DATE	TIME ARRESTED (MILITARY)	ARREST LOCATION			CITY		COUNTY			
ARRESTEE (LAST, FIRST, MIDDLE)				DOB (MO/DAY/YR)	HEIGHT	WEIGHT	RACE	SEX		
ARRESTEE ADDRESS				CITY		STATE	ZIP CODE			
DL NUMBER	EXP. (MO/YR)	STATE	CLASS	RESTRICTIONS	ENDORSEMENTS	CMV/CDL Y   N	HAZ MAT PLACARDED Y   N	VEHICLE MAKE	VEHICLE MODEL	TAG #

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):

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

\_\_\_\_\_

**THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST REQUEST.**

I HAVE AUTHORIZED BLOOD WITHDRAWAL.

\_\_\_\_\_ **ARRESTEE SIGNATURE**      \_\_\_\_\_ **DATE**

**OTHER WITNESSES:** Section 2

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

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

STATE'S TEST (ARRESTEE AGREED)       FATALITY       ADDITIONAL TEST (ARRESTEE REQUEST) Section 3  
 WARRANT       INJURY       FOR CRIMINAL PROSECUTION ONLY

Section 4

COLLECTION DATE	MILITARY TIME	BLOOD KIT NUMBER	# VIALS COLLECTED	PLACE OF COLLECTION (HOSPITAL NAME)
CHECK TEST REQUESTED				
<input type="checkbox"/> ALCOHOL <input type="checkbox"/> GENERAL DRUG/INTOXICANTS SCREEN <input type="checkbox"/> ANALYZE FOR (SPECIFY): _____				
SIGNATURE AND TITLE (e.g. R/N) 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  
 When DPS receives the test results from an approved laboratory with a result in excess of the legal limit, DPS will send a notice of revocation to the person. (This form and blood specimen collection was done in accordance with OAC 40:20-1-3 COLLECTION, TRANSFERS, AND RETENTION OF BLOOD SPECIMENS.)

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." Section 6

\_\_\_\_\_ **Date**      \_\_\_\_\_ **Place** (location when signed)      \_\_\_\_\_ **Signature of Arresting Officer**      \_\_\_\_\_ **Print Name**  
 \_\_\_\_\_ **Agency**      \_\_\_\_\_ **Address**      \_\_\_\_\_ **Zip**      \_\_\_\_\_ **Phone**

**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.

## NOTICE OF REVOCATION

Under state law, the Department of Public Safety is required to revoke or deny your driver's license and privilege to operate a motor vehicle in this state based on:

- A. 1. Whether you refused the state's test, OR
2. If under the age of 21, whether your test results show an alcohol concentration of 0.02 g/210L or more, OR;
3. If 21 years of age or older, whether your test results show an alcohol concentration of 0.08 g/210L or more.
- B. When blood is withdrawn and your alcohol concentration exceeds the legal limit, you will receive a notice mailed to the address on file with the Department of Public Safety informing you of the commencement date of the revocation.
- C. The length of revocation is extended if, within the past ten (10) years from the date of this arrest, your driving record shows one or more revocations for the use of intoxicants or under the Implied Consent law.

Accordingly, notice is given that your driver's license is revoked or denied for a period of:

1. One hundred eighty (180) days, if you refused or failed the state's test, OR;
2. One (1) to three (3) years if you have one or more prior revocations stemming from the use of Intoxicants, test failures or refusals to test.

## NOTICE OF DISQUALIFICATION OF COMMERCIAL DRIVING PRIVILEGE

In addition to any revocation required by law, your commercial driving privilege in this state may be disqualified based upon:

- A. Your refusal to submit to a test(s) OR;
- B. A test result of .04 or more while operating a commercial motor vehicle.

THE LENGTH OF DISQUALIFICATION WILL BE:

1. One (1) Year if you have had no prior disqualifications for similar cause, OR;
2. Three (3) Years if the vehicle being operated was placarded for hazardous materials and you have no prior disqualifications for similar cause, OR;
3. Lifetime if you have any previous disqualifications for similar cause. When blood is withdrawn and your alcohol concentration exceeds the legal limit, you will receive a notice mailed to the address on file with the Department of Public Safety informing you of the commencement date of the DISQUALIFICATION.

## ADMINISTRATIVE HEARING REQUEST

If you wish to appeal the driver's license revocation/disqualification, the Department of Public Safety must receive your written request for an Administrative Hearing **within fifteen (15) days from the date you received notice of revocation or disqualification. A separate notice of revocation/disqualification will be mailed to you if your blood test results exceed the legal limit.** State law does not permit the Department to consider untimely hearing requests.

You may request an Administrative Hearing by submitting your written request in person at 3600 N. Martin Luther King Avenue or by mail to the Driver Improvement Bureau, Department of Public Safety, P.O. Box 11415, Oklahoma City, OK 73136. Telephone requests are **not** accepted.

To make a request for a hearing, state in writing that you desire a hearing concerning this matter and either attach a photocopy of the reverse side of this form or include in your written request complete identifying information, including your full name, date of birth, driver's license number, return address, telephone number, date of arrest, and arresting agency.

## CONFIRMING LENGTH OF REVOCATION/DISQUALIFICATION AND STATUTORY REQUIREMENTS FOR REINSTATEMENT OF DRIVING PRIVILEGES

Since the length of the driver's license revocation/disqualification period is extended by the existence of a prior record on file (if any), the Department of Public Safety will automatically check your record and confirm the length of revocation/disqualification to you by mail at your last known address on file. You will also receive information regarding statutory requirements for reinstatement. **WARNING: THIS WILL NOT EXTEND THE EFFECTIVE DATE OF THE REVOCATION/DISQUALIFICATION, NOR EXTEND THE TIME FOR YOU TO REQUEST A HEARING.**

## BLOOD SPECIMEN TEST RESULTS

The state's blood specimen will be submitted to an approved laboratory for analysis. The test results will be forwarded to the Department of Public Safety. Your driving privileges will not be affected unless you are given separate written notice, as provided by law. State law requires you to notify the Department within ten (10) days of any change of address.

## 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 arresting agency to request that your specimen be forwarded to an approved laboratory.

## APPLICATION FOR RENEWAL OR DUPLICATE LICENSE UNLAWFUL

It is unlawful to apply for a renewal or duplicate driver's license if your license is in the custody of a law enforcement officer or the Department of Public Safety, punishable by imprisonment for not less than seven (7) days, nor more than six (6) months or by a fine of not more than Five Hundred Dollars (\$500.00), or by both such fine and imprisonment. (47 O.S. SECTION 6-303, PARAGRAPH D).