



MONROE COUNTY DUI PROCESSING CENTER

BAC / Drug Screen Evidence Information Form

BLOOD EVIDENCE INFORMATION

This form must be completed and signed by the police officer to preserve chain of custody.

Defendant's Information

Last Name:		First Name:		Middle Name:	
Street Address:			City:	State:	Zip:
Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Race:	OLN and State:	Social Security Number:	

Offense Information

Date of Offense:	Time of Arrest:	Incident Number (if known):	Municipality of Arrest:
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Blood Sample Information

Type of Testing Requested: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Drugs and Alcohol	Date of Draw:	Time of Draw:	Body Location of Draw:
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Arresting Officer's Information

First and Last Name:	Agency / Barracks:	Email Address:
Is the officer witnessing the blood draw the same as the arresting officer? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, enter the witnessing officer's name:		

Nurse / Phlebotomist Information

First and Last Name:	Facility: <input type="checkbox"/> MCCF <input type="checkbox"/> LVH-Pocono <input type="checkbox"/> St. Luke's <input type="checkbox"/> Other
If Other Facility, please specify:	

Notes / Comments

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I, the below signed police officer, certify that I personally identified the defendant listed above and witnessed the drawing of his or her blood for the purposes of blood alcohol and / or drug toxicology testing.

Signature of Officer Witnessing the Blood Draw

Date

Enclose this completed form with the blood sample and place in the DUI Center refrigerator.