

Blood Test Request by Peace Officer

The undersigned, a duly authorized peace officer of *(name of law enforcement agency)* _____, hereby requests that a blood sample be obtained from *(name of person being tested)* _____.

I certify that I have reasonable cause to believe that the patient was unlawfully driving under the influence and I have reasonable cause to believe that the sample obtained will provide evidence that the person being tested was driving a motor vehicle in violation of Vehicle Code Section 23140, 23152 or 23153.

Date: _____ Time: _____ AM / PM

Signature: _____
(peace officer)

Print name: _____
(peace officer)

Badge or ID number: _____

Consent to Blood Test

I hereby consent to the withdrawal of a blood sample from my body. I certify that I am not a person who is afflicted with hemophilia or a person who is afflicted with a heart condition and using an anticoagulant.

Date: _____ Time: _____ AM / PM

Signature: _____
(person being tested)

Print name: _____
(person being tested)

Signature: _____
(witness)

Print name: _____
(witness)

Statement of Person Withdrawing the Blood

Upon the request of the peace officer named above, I have withdrawn a blood sample from the above-named person.

Date: _____ Time: _____ AM / PM

Signature: _____
(person withdrawing blood)

Print name: _____
(person withdrawing blood)

Solicitud de Analisis de Sangre por un Agente del Orden Publico

The undersigned, a duly authorized peace officer of *(name of law enforcement agency)* _____, hereby requests that a blood sample be obtained from *(name of person being tested)* _____.

I certify that I have reasonable cause to believe that the patient was unlawfully driving under the influence and I have reasonable cause to believe that the sample obtained will provide evidence that the person being tested was driving a motor vehicle in violation of Vehicle Code Section 23140, 23152 or 23153.

Date: _____ Time: _____ AM / PM

Signature: _____
(peace officer)

Print name: _____
(peace officer)

Badge or ID number: _____

Consentimiento Para Someterse a un Análisis de Sangre

Por la presente, consiento a que se extraiga de mi cuerpo una muestra de sangre. Certifico que no padezco de hemofilia ni de una enfermedad cardíaca que requiera el uso de un anticoagulante.

Fecha: _____ Hora: _____ AM / PM

Firma: _____
(persona sometida al análisis)

Nombre en letra de imprenta: _____
(persona sometida al análisis)

Firma: _____
(testigo)

Nombre en letra de imprenta: _____
(testigo)

Statement of Person Withdrawing the Blood

Upon the request of the peace officer named above, I have withdrawn a blood sample from the above-named person.

Date: _____ Time: _____ AM / PM

Signature: _____
(person withdrawing blood)

Print name: _____
(person withdrawing blood)