

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Upon the request of the peace officer named above, I have withdrawn a blood sample from the above-named person.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

**NOTE:** This form should include taglines as required by the Affordable Care Act.  
*(See [www.calhospital.org/taglines](http://www.calhospital.org/taglines), for detailed information.)*

# 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)*

**NOTE:** This form should include taglines as required by the Affordable Care Act. *(See [www.calhospital.org/taglines](http://www.calhospital.org/taglines), for detailed information.)*