SOBRIETY EXAMINATIONS

(See Privacy Act Statement on Reverse.)

Instructions: 1. Prepare this form in triplicate. No other laboratory slip is required.
2. Double check information for accuracy since this form may be used in legal action.
3. Reference AFI 44-102 and MGI 44-123.

IDENTIFICATION DATA

NAME (Last, First MI)	GRADE	SSAN	ORGANIZATION

I HEREBY CONSENT/DO NOT CONSENT TO A BLOOD ALCHOL TEST UPON MYSELF.	SIGNATURE OF INDIVIDUAL
SIGNATURE OF WITNESS	SIGNATURE OF WITNESS

LABORATORY PROCEDURES

☐ THE ABOVE SPECIMEN WAS RECEIVED AT_____ HOURS ON _____ (date) FROM_____
☐ A NONALCOHOLIC SKIN PREPARATION WAS USED.
☐ THE CONTAINER WAS LABELED WITH PATIENT'S NAME, TIME, DATE, AND TECHNICIAN'S INITIALS.
☐ THE BLOOD WAS DRAWN BY A LABORATORY TECHNICIAN.
SITE OF VENIPUNCTURE _____

THE SPECIMEN WAS:
☐ IMMEDIATELY TESTED FOR ALCOHOL CONTENT,
☐ STORED IN SECURE LABORATORY REFRIGERATOR, OR
☐ OTHER (Specify):

TYPED/PRINTED NAME OF LABORATORY TECH.	SIGNATURE

CHAIN OF CUSTODY

DATE	TIME	CONDITION OF SPECIMEN	SIGNATURE OF RECEIVING OFFICIAL

LABORATORY REPORT

BLOOD ALCOHOL LEVEL OF SPECIMEN WAS FOUND TO BE _____ MG% _____ GM%, DETERMINED AT _____ HOURS _____ DATE

INTERPRETATION OF REPORT Blood levels may be interpreted as:	0-50 MG%: probably not drinking 50-100 MG%: Questionable	100-250 MG%: Definitely intoxicated 250-400 MG%: Seriously intoxicated	400-500 MG%: Dead Drunk OVER 500 MG%: Fatal limits

NAME OF LAB TECHNICIAN PERFORMING ANALYSIS		SIGNATURE
DATE	TYPED/PRINTED NAME OF CHIEF, LAB SERVICES	SIGNATURE

[1]Drunk is defined as any intoxication, whether caused by liquor or drugs that is sufficient to impair the rational and full exercise of the mental and physical faculties.