



Training Bulletin

SANTA BARBARA POLICE DEPARTMENT



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Blood Draw

1. Consent or Refusal Form. Fill out the green highlighted areas

Form titled "Consent or Refusal Form" with sections for patient information, consent, refusal, and witness signatures. The form includes fields for Name, Address, Date, Hospital Number, and Signature of Patient. It also includes a section for the Officer's Signature and a section for the Hospital Personnel's Signature. The form is marked with green highlights and handwritten notes.

Consent

Name: SUSPECT'S NAME Date:

Address: SUSPECT'S ADDRESS Hospital Number:

It is requested that a blood sample for use in determining be taken from the above individual at this hospital.

OFFICER DATE AND TIME

R.N. NAME OF OFFICER

 LAW ENFORCEMENT AGENCY

IV. It is hereby authorized by me that the designated person of General Hospital may take a blood sample from my body for use in determining

Date: DATE AND TIME SIGNATURE OF PATIENT:

IF PATIENT AGREES TO ALLOW BLOOD SAMPLE TO BE TAKEN, BUT REFUSES TO SIGN CONSENT, INDICATE BY CHECK MARK IN THE FOLLOWING BOX, THEN ADD DATE AND TIME

() Time Date

Refusal

III. I refuse to have a blood sample taken from my body which will be used to determine

Date: SIGNATURE OF PATIENT:

IV. (TO BE USED WHEN PATIENT REFUSES TO GIVE CONSENT OR IS UNCONSCIOUS OR IS IN A CONDITION RENDERING HIM INCAPABLE OF REFUSAL TO CONSENT)

Patient is under detention and I have reasonable cause to believe patient was driving a motor vehicle upon the highway while under the influence of intoxicating liquor.

Date: SIGNATURE OF PEACE OFFICER:

V. WITNESS TO ABOVE SIGNATURES:

Date: Time:

 HOSPITAL PERSONNEL

VI. Blood sample obtained Time TIME OF DRAW Date

and turned over to OFFICER SIGNATURE

NAME OF PERSON RECEIVING SAMPLE:

SIGNATURE OF PERSON OBTAINING SAMPLE: R.N. SIGNATURE

THIS IS NOT A PERMANENT PART OF THE MEDICAL RECORD

BLOOD SPECIMEN REQUEST AND CONSENT

VENTURA COUNTY HEALTHCARE AGENCY

VOMC-388470 (02/2018)

DISTRIBUTION: WHITE - I/A Department YELLOW - Law Enforcement Agency PINK - Lab Specimen

- Blood Record of Blood Specimen Drawn at Request of Law Enforcement Agency. Fill out the green highlighted areas

BLOOD RECORD OF BLOOD SPECIMEN DRAWN AT REQUEST OF LAW ENFORCEMENT AGENCY

Subject: SUSPECT'S NAME Date:

Location: Time:

I, RN JANE, ☒ Physician ☒ Registered Nurse ☐ Licensed Clinical Lab Scientist
☐ Licensed Clinical Lab Technician ☐ Licensed Vocational Nurse, acting at the request of
 a peace officer, employed by the DEPARTMENT (PO/NO) did with draw blood from the above
 named subject for the purpose of determining the
CIRCLE ONE

Said specimen was collected by venipuncture, using a sterile, dry, mL disposable syringe or vacuum
 tube holder with needle of gauge; said devices not having been stored or cleaned in alcohol or other volatile
 organic solvent.

The cleansing solution, used over the skin area where the specimen was collected was:
☒ Benzalkonium Chloride (which does not contain alcohol or other volatile organic solvent)

After withdrawal, the blood specimen was then injected into a vial provided by the above named peace officer. The vial
 was then sealed with the cap provided and given to the above named peace officer.

The above named peace officer was present throughout the specimen collection procedure.

Signature: RN SIGNATURE ID# Date Time: TIME OF
DEAD

Peace Officer Signature: ID# Date Time: TIME OF
DEAD

THIS IS NOT A PERMANENT PART OF THE MEDICAL RECORD

MEDICAL RECORD OF BLOOD SPECIMEN DRAWN AT REQUEST OF VENTURA COUNTY HEALTH CARE AGENCY
SUSPECT'S DOB

VCNC-38-009 (03/21/10)
 DISTRIBUTION: WHITE - HIM Department YELLOW - Law Enforcement Agency PINK - HIM Section

The third form that needs to be filled out can be found on a clipboard on the hospital security desk.

DATE: ARRIVAL TIME:

BLOOD DRAWS ONLY

AGENCY:

NAME:

D.O.B.: SEX:

ADDRESS:

PHONE/CELL NUMBER:

S.S. #:

D.L. #:

Once all three forms have been completed, notify the nurse and they will administer the forced blood draw. The nurse may or may not ask for the warrant, so have a hard copy of the warrant with you.

Once blood draw is completed, seal and package the blood vials. Transport the blood to SBCJ where you will drop the package in the DOJ drop box.

Attention: [REDACTED] Use the seal and envelope found in the kit to seal the evidence and track the chain of custody.

