

Headquarters
Eighth United States Army
Installation Management Command
Korea

Army in Korea
Pamphlet 40-13

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Medical Services

LEGAL BLOOD ALCOHOL TEST (LBAT) SPECIMENS

***This regulation supersedes EUSA Regulation 40-13, 25 August 1999.**

FOR THE COMMANDER:

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OFFICIAL:



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Summary. This pamphlet prescribes procedures to be used in Eighth United States Army Medical Treatment Facilities in obtaining legal blood alcohol test specimens to be used in making blood alcohol determination for use in administrative and disciplinary proceedings.

Applicability. This pamphlet applies to all medical personnel assigned/attached to Eighth United States Army Medical Treatment Facilities. It is not intended to and does not limit legitimate law enforcement activities set out in applicable law and regulation. Failure to follow this regulation's procedures does not create any individual right or privilege not otherwise provided for by law.

Forms. AK forms are available at http://8tharmy.korea.army.mil/g1_ag/.

Records Management. Records created as a result of processes prescribed by this regulation must be identified, maintained and disposed of according to AR 25-400-2. Record titles and descriptions are available on the Army Records Information System website at <https://www.arims.army.mil>.

Supplementation. Issue of further supplements to this regulation by subordinate commands is prohibited unless prior approval is obtained from Headquarters (HQ) Eighth Army, ATTN: EAMD (EUSA Surgeon), Unit 15236, APO AP 96205-5236.

Suggested Improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to HQ, Eighth, Army, ATTN: EAMD (EUSA Surgeon), Unit 15236, APO AP 96205-5236.

Distribution. Electronic Media Only (EMO).

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Glossary

1. Purpose

This pamphlet prescribes procedures to be used in Eighth United States Army Medical Treatment Facilities in obtaining legal blood alcohol test specimens to be used in making blood alcohol determination for use in administrative and disciplinary proceedings.

2. References

The following are related publications.

- a. AR 190-5 (Motor Vehicle Traffic Supervision)
- b. AR 600-85 (Alcohol and Drug Abuse Prevention and Control Program)
- c. USFK Reg 190-1 (Motor Vehicle Traffic Supervision)

3. Explanation of Abbreviations

- | | |
|---------|-----------------------------|
| a. AR | Army Regulation |
| b. AOC | |
| c. EAMC | Eighth Army Medical Command |
| d. EUSA | Eighth United States Army |
| e. PAM | Pamphlet |
| f. USFK | United States Forces, Korea |

4. Procedures

a. Initiate the AK Form 915-R-E (Request for Blood Alcohol Determination; see appendix A), which can be locally reproduced or downloaded from the Eighth United States Army Intranet. (Note: This form covers procedures for both implied consent and involuntary extraction.) Procedures for completion of the form are contained on the form and are self-explanatory.

b. Once Section I of AK Form 915-R-E has been completed, a blood specimen may be taken. If physical force is required to restrain the individual during this restraining process, law enforcement personnel or personnel from the individual's unit will appropriately restrain the individual. If an individual's conduct excessively disrupts the clinical environment, the attending physician or responsible health provider may decide to move to a more suitable location.

c. Medical personnel with the appropriate Military Occupational Specialty/AOC and verified competency in venipuncture will draw the blood specimen.

d. The skin will be prepared using acetone or betadine solution. Under no circumstances will alcohol be used.

e. The blood is drawn in two (2) gray top (NaFL) vacutainer tubes. Rotate tube gently a few times to mix with anticoagulant in the tubes."

f. Label each tube with Full Name, Date of Birth and Social Security Number/Korean Identification Number of individual from whom the blood has been drawn.

g. The individual drawing the blood specimen will initial and dated the tubes containing the blood specimen in the presence of the blood donor and a witness.

h. In order for the test to be valid, the specimen should not be clotted and EAMC FL 48 must be complete with all data.

i. The person who draws the blood will sign AK Form 915-R-E. The person who escorts the patient/individual will sign as one witness. The witness may be a Medical Treatment Facility member or another law enforcement/unit official.

j. Both specimens along with all signed documents are secured in transportable lock box. If immediate delivery or transportation cannot be arranged, the secured lock box is left with Urgent Care Center supervisory staff or other designated supervisor who will coordinate the transportation to the 121Brian Allgood Army Community Hospital (BAACH) Laboratory in Seoul.

k. It is imperative that the chain of custody be maintained. When completing the EA Form 915-R-E, the date, signature, printed name and location must be annotated prior to each transfer. The first individual accepting the specimen from the person drawing the blood will complete the first line of the second column under the term "RECEIVED BY." When the specimen is transferred, the person releasing the specimen will complete the next line below in the first column under the term "RELEASED BY." This procedure must be repeated for each transfer. The EUSA form 915-R-E must remain with the specimen at all times. Please refer any questions regarding proper chain of custody procedures to the servicing Judge Advocate.

Appendix A. AK Form 915-R-E, Request for Blood Alcohol Determination

REQUEST FOR BLOOD ALCOHOL DETERMINATION (AK PAM 40-13)			
PRIVACY ACT STATEMENT			
1. AUTHORITY: Section 42. Title 5 USC 3101. Title 10 10 USC 1071-1078.			
2. PRINCIPAL PURPOSE: For is used by the laboratory technician to record percent alcohol in blood.			
3. ROUTINE USES: Used to provide chain of custody and test results on blood specimens for administrative and disciplinary proceedings and provide research data when required by law for official purposes.			
4. DISCLOSURE: SSN mandatory.			
SECTION I			
NAME (Last, First Middle)	GRADE	SSN	ORGANIZATION
I certify that the above individual (has) (has not) freely and voluntarily consented to collection of specimens of his/her blood. If the individual does not consent, I certify that authority to search and seize has been obtained from competent authority.			
REQUESTING DETERMINATION			
TYPE/PRINT NAME OF ORGANIZATION	TYPE/PRINT NAME OF COMMANDER OR LAW ENFORCEMENT OFFICIAL		TYPE/PRINT NAME OF COMMAND OR LAW ENFORCEMENT OFFICIAL
TYPE/PRINT NAME OF AUTHORITY ORDERING THE SEIZURE OF BLOOD SPECIMEN (COMMANDER, MILITARY JUDGE, MAGISTRATE)			
SECTION II - SPECIMEN COLLECTION			
I certify that I have identified the patient named above and that I did not use any alcoholic preparations to clean the venipuncture area. I have labeled the specimens with the patient's name and SSN, and I have initialed and dated the specimens. I have sealed the tube to preclude tampering.			
INDIVIDUAL DRAWING BLOOD (TYPE/PRINTED NAME)	SIGNATURE (INDIVIDUAL DRAWING BLOOD)	TIME	DATE
WITNESSED BY (TYPED/PRINTED NAME)	SIGNATURE (OF WITNESS)	TIME	DATE
SECTION III - CHAIN OF CUSTODY			
DATE TIME	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY/ SPECIMEN CONDITION/REMARKS
	SIGNATURE	SIGNATURE	
	PRINTED NAME AND LOCATION	PRINTED NAME AND LOCATION	
	SIGNATURE	SIGNATURE	
	PRINTED NAME AND LOCATION	PRINTED NAME AND LOCATION	
	SIGNATURE	SIGNATURE	
	PRINTED NAME AND LOCATION	PRINTED NAME AND LOCATION	
	SIGNATURE	SIGNATURE	
	PRINTED NAME AND LOCATION	PRINTED NAME AND LOCATION	
	SIGNATURE	SIGNATURE	
	PRINTED NAME AND LOCATION	PRINTED NAME AND LOCATION	

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SECTION III - CHAIN OF CUSTODY (CONT)			
DATE TIME	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY/ SPECIMEN CONDITION/REMARKS
	SIGNATURE	SIGNATURE	
	PRINTED NAME AND LOCATION	PRINTED NAME AND LOCATION	
	SIGNATURE	SIGNATURE	
	PRINTED NAME AND LOCATION	PRINTED NAME AND LOCATION	
	SIGNATURE	SIGNATURE	
	PRINTED NAME AND LOCATION	PRINTED NAME AND LOCATION	
	SIGNATURE	SIGNATURE	
	PRINTED NAME AND LOCATION	PRINTED NAME AND LOCATION	
	SIGNATURE	SIGNATURE	
	PRINTED NAME AND LOCATION	PRINTED NAME AND LOCATION	
	SIGNATURE	SIGNATURE	
	PRINTED NAME AND LOCATION	PRINTED NAME AND LOCATION	
	SIGNATURE	SIGNATURE	
	PRINTED NAME AND LOCATION	PRINTED NAME AND LOCATION	

SECTION IV - LABORATORY REPORT		
<p>The sealed vial containing the above specimen (was) (was not) intact upon receipt. Such vial was opened by the analyst and determination was performed. Substances were found to be _____ of whole blood at _____, on _____ by laboratory technician named below.</p>		
TYPED NAME AND GRADE OF TECHNICIAN	SIGNATURE OF TECHNICIAN	DATE
TYPED NAME AND GRADE OF LABORATORY OFFICER	SIGNATURE OF LABORATORY OFFICER	DATE

INSTRUCTIONS

1. Prepare this form in triplicate.
2. The laboratory completing the test and annotating results on the EA Form 915-R-E will distribute as follows:
 - 1 Copy remains in the laboratory.
 - 1 Copy is provided to the requestor.
 - 1 The Original is forwarded to the custodian of the patient's medical record for inclusion in the record.
3. Double check information for accuracy since this form may be used in legal actions.

AK FORM 915-R-E, 1 JAN 10 (Reverse)