

BLOOD /URINE SAMPLE CONSENT FORM

I, _____, do hereby voluntarily
(Consenter)
consent to give a blood and urine sample to _____ a
(Trooper Requesting Sample)
Trooper with the Georgia State Patrol, Post # _____ .

I understand that this sample will be sent to a Georgia Bureau of Investigation Crime Lab to be tested for drug and alcohol content. I further understand that if the results of this test indicate a positive reading for illegal drugs or a level of alcohol that exceeds the legal limit prescribed by Georgia law, criminal charges may be brought against me.

This consent has been made freely and without threat, promise, or offer of any kind by any employee or representative of the Georgia State Patrol.

Signature: _____ Date/Time: _____
(Consenter)

Witness: _____

The location where the samples were drawn:

(Name of Hospital or location where sample was drawn)

The samples were drawn by _____
(Print name of person drawing sample)

title _____ on _____ at _____
(Date) (Time)

Number of samples drawn: Blood _____ Urine _____.

Signature of person drawing sample(s) _____

Samples sent to _____ Crime Lab via _____ on _____
(city) (Mail,UPS,etc) (Date)

Please mail the original form to the appropriate SCRT office.