

MAINE FORENSIC PHLEBOTOMY BLOOD DRAW REPORT

INCIDENT NUMBER
REQUESTING AGENCY INCIDENT NUMBER

SUBJECT	LAST NAME	SUFFIX	FIRST NAME	M.I.	DATE OF BIRTH (mm/dd/yyyy)	
	STREET ADDRESS			CITY	STATE	ZIP CODE
	CHARGES			SEARCH WARRANT <input type="checkbox"/> YES <input type="checkbox"/> NO	CONSENT TO DRAW <input type="checkbox"/> YES <input type="checkbox"/> NO	FELONY CASE <input type="checkbox"/> YES <input type="checkbox"/> NO

ARRESTING OFFICER'S NAME (PRINTED)	AGENCY
FORENSIC PHLEBOTOMIST NAME (PRINTED)	AGENCY

FIRST DRAW	DATE (mm/dd/yyyy)	TIME (24 Hour)	PHYSICAL LOCATION OF BLOOD DRAW	BLOOD KIT #	BLOOD KIT W.O. #
	OTHER EQUIPMENT			TYPE OF GLOVES USED FOR PROCEDURE <input type="checkbox"/> LATEX <input type="checkbox"/> OTHER	BLOOD KIT EXPIRATION (mm/yyyy)
	BLOOD DRAWN FROM <input type="checkbox"/> LEFT ANTECUBITAL FOSSA <input type="checkbox"/> RIGHT ANTECUBITAL FOSSA <input type="checkbox"/> LEFT HAND <input type="checkbox"/> RIGHT HAND <input type="checkbox"/> OTHER				

SECOND DRAW	DATE (mm/dd/yyyy)	TIME (24 Hour)	PHYSICAL LOCATION OF BLOOD DRAW	BLOOD KIT #	BLOOD KIT W.O. #
	OTHER EQUIPMENT			TYPE OF GLOVES USED FOR PROCEDURE <input type="checkbox"/> LATEX <input type="checkbox"/> OTHER	BLOOD KIT EXPIRATION (mm/yyyy)
	BLOOD DRAWN FROM <input type="checkbox"/> LEFT ANTECUBITAL FOSSA <input type="checkbox"/> RIGHT ANTECUBITAL FOSSA <input type="checkbox"/> LEFT HAND <input type="checkbox"/> RIGHT HAND <input type="checkbox"/> OTHER				

MEDICAL QUESTIONS	YES NO <input type="checkbox"/> <input type="checkbox"/> MEDICAL PROBLEMS <input type="checkbox"/> <input type="checkbox"/> ALLERGIES <input type="checkbox"/> <input type="checkbox"/> INFECTIOUS DISEASE <input type="checkbox"/> <input type="checkbox"/> MEDICATIONS TAKEN <input type="checkbox"/> <input type="checkbox"/> SICK OR INJURED <input type="checkbox"/> <input type="checkbox"/> HISTORY OF FAINTING EXPLAIN "YES" RESPONSES BELOW	SITE CLEANER USED <input type="checkbox"/> POVIDONE IODINE <input type="checkbox"/> BENZALKONIUM CHLORIDE (BZK) <input type="checkbox"/> OTHER EXPLAIN "OTHER" RESPONSES BELOW	HAND WASHING <input type="checkbox"/> SOAP / WATER <input type="checkbox"/> SANTITIZER <input type="checkbox"/> OTHER	SUBJECT'S POSITION DURING PROCEDURE <input type="checkbox"/> SEATED <input type="checkbox"/> LYING DOWN <input type="checkbox"/> OTHER	NUMBER OF MINUTE(S) FOR BLOOD TO CLOT AT SITE OF VENIPUNCTURE
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BRIEF EXPLANATION:

PHLEBOTOMIST SIGNATURE X	DATE (mm/dd/yyyy)	TIME (24 Hour)
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