

REQUEST FOR DUI BLOOD COLLECTION KITS

Date of Request:		
Name of Medical Facility:		
Address:		
City:	State:	Zip:
Phone Number:		
Contact Person(s):		

DESCRIPTION	NO. OF KITS REQUESTED
<p>State Police DUI Blood Collection Kits</p> <p>NOTE: Because there is an expiration date on the blood sample vials contained in the DUI Blood Alcohol Kit, please do not order more than 10 kits at a time.</p> <p>These kits will only be used when a Police Officer requests a blood draw in a criminal matter (excluding sexual assault).</p>	
TOTAL	

SEND TO: Elena Burton
Elena.m.burton@wvsp.gov
 Telephone: 304-746-2121
 Fax: 304-746-2245