

# MSP FORM 34

# BLOOD KIT PAPERWORK

**\*\*Must be completed & sent in Kit\*\***

Department of State Police  
Chemical Test For Alcohol Unit  
Blood Analysis - Medical Personnel Payment Authorization

CTAU #: \_\_\_\_\_ Local Case #: 25 MSP001234

**ARREST INFORMATION**

Department: MSP-Annapolis Barrack/Station: 9059

Suspect Name: Snuffy, Joe Bob Date of Arrest: 3/13/2025 Time of Arrest: 0300 hrs

Date & Time Sample Collected: 3/13/2025 @ 0430 hrs Location of Sample Collection: Anne Arundel Medical Center

Arresting Officer Name & ID #: S/TPK S. Matthews #5973

Send Results To: MSP-Annapolis

**MEDICAL PERSONNEL PAYMENT AUTHORIZATION**

I, the undersigned, obtained this blood sample at the direction of a police officer using equipment approved by the Chief Toxicologist in the Department of State Police Forensic Sciences Division and certify that I am a "Qualified Medical Person" as defined in Section 10-304 of the Article of Courts and Judicial Proceedings.

Signature: Rebecca Snow R.N.

Name of Medical Personnel: Rebecca Snow

Hospital Name: Anne Arundel Medical Center

**LABORATORY USE**

Chain of Custody

Received From	By	Date	Time

Condition of Kit & Seals:

Tested By: \_\_\_\_\_ Date: \_\_\_\_\_ Sample: \_\_\_\_\_ Control #: \_\_\_\_\_ CTAU #: \_\_\_\_\_

MSP Form 034 (10-22) HEADQUARTERS FILE COPY

## Blood Collection Report

**BLOOD COLLECTION REPORT**

NAME OF SUBJECT: Joe Bob Snuffy

OFFENSE: DUI

DATE OF INCIDENT: 4/17/25 TIME: 0100 AM/PM

POLICE OFFICER: S/TPK S. Matthews #5973

DATE BLOOD DRAWN: 4/17/25 TIME: 0230 AM/PM

LOCATION OF DRAWING: AAMC

BLOOD DRAWN BY: Rebecca Snow RN

**CHAIN OF POSSESSION**

RECEIVED FROM: \_\_\_\_\_

BY: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AM/PM

RECEIVED FROM: \_\_\_\_\_

BY: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AM/PM

RECEIVED FROM: \_\_\_\_\_

BY: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AM/PM

**LABORATORY RESULTS**

- **Vial Stickers (2EA)**  
Complete & place on top of plastic vial

COLLECTOR'S NAME: Rebecca Snow

SUBJECT'S NAME: Joe Bob Snuffy

OFFICER/WITNESS NAME: S/TPK S. Matthews

DATE: 3/13/25 TIME: 0430

LOCATION OF COLLECTION: Anne Arundel Med Ctr

CASE NO.: 25 MSP001234

- **Blood Collection Report**  
Complete & make copy for your report file
- Can place copy in Kit

**BLOOD COLLECTION REPORT**

SUBJECT'S NAME: Joe Bob Snuffy

TIME AND DATE OF ARREST: 3/13/25 @ 0300 hrs

TIME AND SITE OF COLLECTION: 3/13/25 @ 0430 hrs @ AAMC

LET MY SIGNATURE STATE THAT I DREW BLOOD FROM THE ABOVE NAMED SUBJECT AT SAID DATE

Rebecca Snow RN 3/13/25

SIGNATURE DATE

LET MY SIGNATURE STATE THAT I WITNESSED THE ACTUAL DRAWING OF BLOOD BY ABOVE STATED PERSON FROM THE ABOVE SUBJECT

S/TPK S. Matthews #5973 3/13/25

SIGNATURE DATE

DELIVERED TO LAB \_\_\_\_\_

DATE TIME TO WHOM

BY WHOM HOW WAS IT DELIVERED

DATE OF TESTING RESULT OF TESTING

- **Consent Form**  
Complete & make copy for your file
- Can place copy in Kit

**CONSENT FORM**

NAME OF SUBJECT: Joe Bob Snuffy  
PLEASE PRINT

DATE: 3/13/2025 TIME: 0350 (A.M./P.M.)

LET MY SIGNATURE STATE I HAVE GIVEN CONSENT FOR THESE BLOOD SAMPLES TO BE TAKEN

Joe Snuffy

SIGNATURE

# New MSP Blood Kit Sealing



**BLOOD COLLECTION REPORT**

NAME OF SUBJECT Joe Bob Snuffy  
OFFENSE DUI  
DATE OF INCIDENT 4/27/25 TIME 0100 AM/PM  
POLICE OFFICER STPP S. Matthews #5973  
DATE BLOOD DRAWN 4/27/25 TIME 0230 AM/PM  
LOCATION OF DRAWING AAMC  
BLOOD DRAWN BY Rebecca Snow RN

**CHAIN OF POSSESSION**

RECEIVED FROM \_\_\_\_\_  
BY \_\_\_\_\_  
DATE \_\_\_\_\_ TIME \_\_\_\_\_ AM/PM

RECEIVED FROM \_\_\_\_\_  
BY \_\_\_\_\_  
DATE \_\_\_\_\_ TIME \_\_\_\_\_ AM/PM

RECEIVED FROM \_\_\_\_\_  
BY \_\_\_\_\_  
DATE \_\_\_\_\_ TIME \_\_\_\_\_ AM/PM

**LABORATORY RESULTS**



# Old MSP Blood Kit Sealing



**BLOOD COLLECTION REPORT**

NAME OF SUBJECT Joe Bob Snuffy

OFFENSE DUI

DATE OF INCIDENT 3/13/2025 TIME 0300 AM/PM

POLICE OFFICER S/PLS. Matthews #5973

DATE BLOOD DRAWN 3/13/2025 TIME 0430 AM/PM

LOCATION OF DRAWING Anne Arundel Med Cent

BLOOD DRAWN BY Rebecca Snow

**CHAIN OF POSSESSION**

RECEIVED FROM \_\_\_\_\_

BY \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_ AM/PM

RECEIVED FROM \_\_\_\_\_

BY \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_ AM/PM

RECEIVED FROM \_\_\_\_\_

BY \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_ AM/PM

**LABORATORY RESULTS**

**LYNN PEAVEY COMPANY**

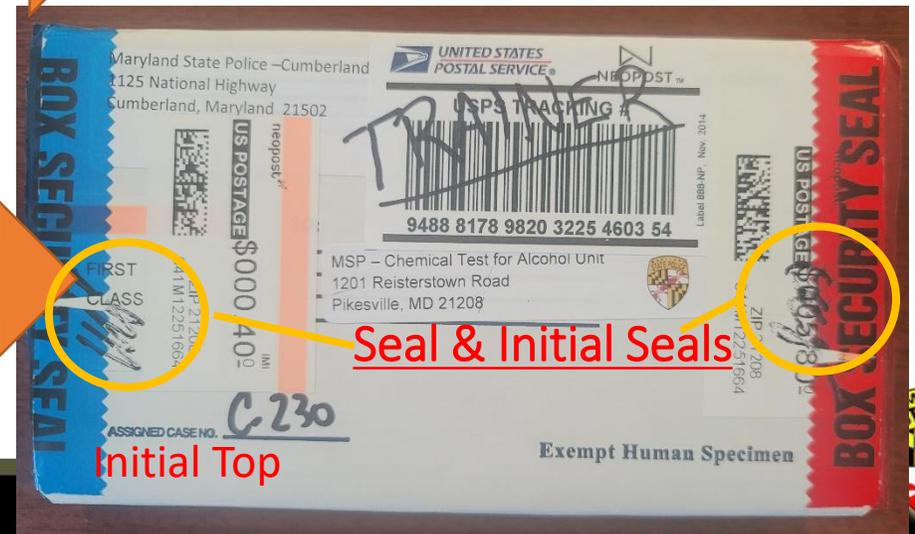
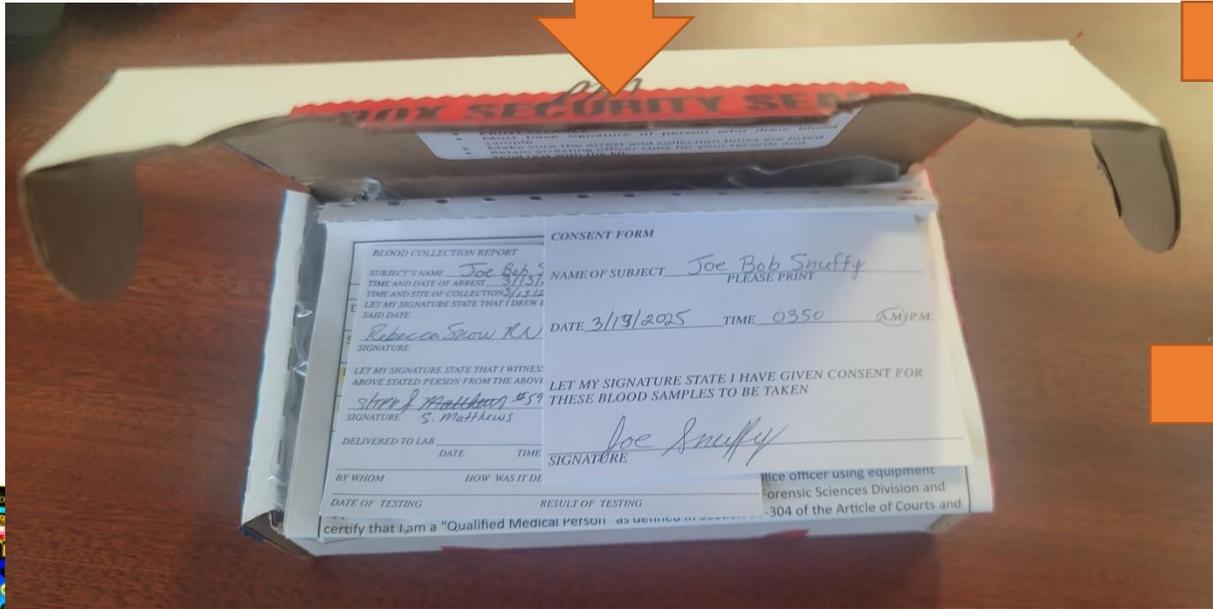
1-800-255-6499

**Seal & Initial Seals**



# PACKAGING BLOOD KITS

Place Clamshell / Box in Biohazard Bag & place into box w/ MSP 34 /Forms



- **DRUG IMPAIRED DRIVERS:**

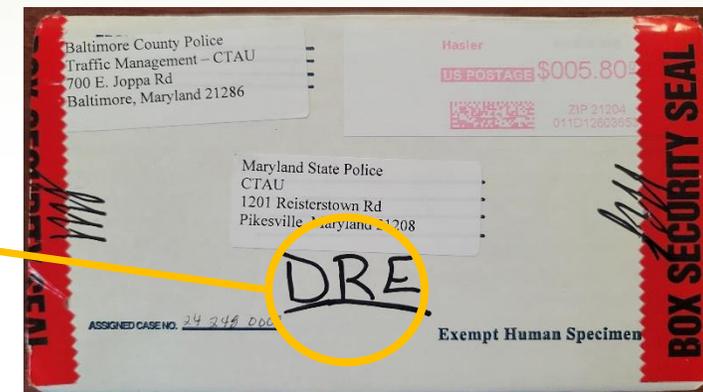
- ONLY A DRE CAN REQUEST A BLOOD TEST FOR DRUGS WITH REASONABLE GROUNDS

- Non-DRE LEO's are requesting a Blood Test for ALCOHOL
- **IF YOU SUSPECT DRUG IMPAIRMENT** – Consult/Request/Page a DRE to come offer a Drug Influence Evaluation or Consultation.
  - A breath or blood alcohol test must be completed first to rule out Alcohol.
  - If an Alcohol Blood Test is required first, any DRE can request a Blood Test for Drugs at anytime by contacting CTAU.

- **DRE Drug Influence Evaluations / DRE Consultation:**

- If a DRE completes a Drug Influence Evaluation or Consultation and obtains a blood sample, ensure the outside of the Blood Kit Box has **"DRE"** marked on it.
  - This notifies CTAU to send the Blood Kit to get tested for **DRUGS ONLY**.
  - If this is not done, then the blood kit will get tested for Alcohol – which will ultimately delay your results and impact your case.

Unmarked Blood Kit – gets tested for Alcohol



Marked "DRE" Blood Kit – gets tested for Drugs

**DO A SUPPLEMENT TO DOCUMENT YOUR PART OF A CASE IF YOU HAD A HAND IN GETTING A BLOOD SAMPLE / DR-15 / OBSERVATIONS ETC.**



- **SHOW STOPPERS:**

- **No Form 34**

- Blood Kit Result **WILL NOT** be released without the MSP Form 34

- **No Nurse Signature**

- Blood Kit Result **WILL NOT** be released without a the Nurse/Phlebotomist's Signature on the MSP Form 34

- **Blood Collection Report** (On Clamshell / Box) not filled out

- **EXPIRED BLOOD KITS:**

- Will not get tested – DO NOT USE an expired Blood Kit.
  - Check the back of the Blood Kit to ensure that it is within its Expiration Date.

- **LEGAL SHOW STOPPERS:**

- Paperwork incomplete
  - Sat on blood kit for weeks

- **ALIBIS**

- Fatal/Life Threatening Collision – **HAND DELIVER BLOOD KIT TO CTAU** or Coordinate with a member of CTAU to pick it up from you.

- **DO A SUPPLEMENT TO DOCUMENT YOUR PART OF A CASE IF YOU HAD A HAND IN GETTING A BLOOD SAMPLE / DR-15 / OBSERVATIONS ETC.**

- **Questions:** Contact MSP CTAU at 410-653-4315, or Email: S/TPR Shawn Matthews at [shawn.matthews@maryland.gov](mailto:shawn.matthews@maryland.gov) or F/SGT Wayne Koch at [wayne.koch@maryland.gov](mailto:wayne.koch@maryland.gov)

# MARYLAND APPROVED BLOOD KITS

## Lynn Peavey Co. Blood Alcohol Collection Kit



## Becton-Dickinson Blood Alcohol Kit

## Tri-Tech Inc D.W.I. Specimen Collection Kit



## NIK Public Safety, Inc. Blood Alcohol Collection Kit

