

# Blood Alcohol Test

Patient information		
Name:		Date of birth:
Gender:		Date of test:
Time of collection:		Ordering physician:
Test purpose		
Suspected impairment:		Medical evaluation:
Legal investigation:		Workplace compliance:
Others:		
Sample collection details		
Collection site:		
Hospital	Clinic	Others specify:
Collector name:		
Collector credentials:		
RN	MD	
Phlebotomist	Other:	
Collection method:		
Venipuncture (preferred site:		Alternate collection method:
Blood volume collected: mL		
Storage conditions:		
Room temp	Refrigerated	Other:

Collection procedure		
Needle insertion: Vein accessed at:		
Patient response:		
No issues	Mild discomfort	Adverse reaction:
Sample preparation:		
Mixed with internal standard solution	Other:	
Laboratory analysis		
Testing method:		
Headspace gas chromatography	Enzymatic assay	Other:
Lab name:		
Date sent:		
Date received:		
Results		
Blood alcohol content (BAC):		
Legal limit exceeded?		
Yes	No	
Results interpretation:		
Additional notes:		
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## Interpretation

BAC is expressed as a percentage, indicating the grams of alcohol per 100 milliliters of blood. For example, a BAC of 0.08% means there are 0.08 grams of alcohol per 100 milliliters of blood.

### Effects of alcohol levels:

- 0.0% BAC: Sober
- 0.08% BAC: Legally intoxicated
- 0.08% to 0.40% BAC: Very impaired, with symptoms like difficulty walking, slurred speech, and confusion
- Above 0.40% BAC: At risk for serious complications, including coma or death

Blood alcohol tests are generally accurate within 6 to 12 hours after the last drink.

**Disclaimer:** Categories and interpretations of BAC levels can differ depending on the reference or legal guidelines used.

## Patient acknowledgment

I, \_\_\_\_\_, acknowledge that I have been informed about the purpose, procedure, and potential outcomes of the blood alcohol test. I understand that this test measures my blood alcohol content (BAC) and may be used for medical, legal, or occupational purposes. I consent to the collection and analysis of my blood sample as described above.

**Signature:**

**Date signed:**

## Healthcare professional information

**Name:**

**License ID number:**

**Signature:**

**Date of test:**

Medline Plus. (2022, August 28). *Blood alcohol level: MedlinePlus lab test information*.  
<https://medlineplus.gov/lab-tests/blood-alcohol-level/>