



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

DESIGNATION OF INSTRUMENT/DEVICE FOR
SECONDARY TESTING FOR INTOXICATION

AGENCY: _____

ADDRESS: _____

Makes the following designation of a secondary chemical test:

1. Type of Specimen to be Tested: **Breath** **Blood*** **Urine**

*If the blood test is designated as the secondary test, West Virginia law requires the arresting officer to designate in lieu of the blood test either the breath or urine test.

Date Chief Law Enforcement Officer and Title

The above designated instrument/device is hereby approved as meeting the requirement for designation according to rules relating to chemical tests for intoxication, 64CSR10, promulgated pursuant to West Virginia Code, Chapter 17C, Article 5, Section 8, by the Bureau for Public Health.

2. Name of Instrument/Device:

Date Signature of Chief Law Enforcement Official

Date Signature of Office of Laboratory Services Director

Mail Completed Form To:
Office of Laboratory Services
167 11th Avenue
South Charleston, WV 25303
(304) 558-3530 Ext. 2109