State of North Dakota
County of Burleigh

I, Charles E. Eder, do hereby certify that I am the duly-appointed State Toxicologist for the State of North Dakota and an official custodian of the records and files of the office thereof, that I have carefully compared the

SUBMISSION FOR BLOOD (104); KIT LOT # 11772 (JANUARY 23, 2012)

hereto attached with the respective original as the same appears of record on file in the Office of the Attorney General, Crime Laboratory Division, in the County of Burleigh, North Dakota, and find the same to be a true and correct copy thereof and of the whole thereof. In witness whereof I have set my hand at the city of Bismarck, in said county this:

23rd day of January, 2012

Charles E. Eder, State Toxicologist

State of North Dakota
County of Burleigh

On this 23 day of January, 2012, before me personally appeared Charles E. Eder, known to me to be the State Toxicologist for the State of North Dakota, and acknowledged to me that he/she has executed the same.

Subscribed to and sworn before me this:

23 day of January, 2012

Cindy Leingang, Notary Public, State of North Dakota
My Commission Expires January 11, 2017 (SEAL)
SUBMISSION FOR BLOOD (104)
Office of Attorney General, Crime Laboratory Division
2641 East Main Avenue, P.O. Box 937
Bismarck, ND 58502-0937 • (701) 328-6159
SFN 50491 (11/10)

Please Print All Information.

Subject (Last, First, Initial) ___________________________ Birth Date ___________________________

Height ___________________________ Sex: ☐ Male ☐ Female

Check One: ☐ Arrested for DUI/APC ☐ Personal Request
☐ Other (Specify) ___________________________

Driver’s License Number ___________________________ State ___________________________

Specimen: ☐ Blood Analysis Requested: ☐ Alcohol
☐ Other ___________________________ ☐ Drug Screen (List Meds/Suspected Drugs ___________________________ )

Specimen Submitted By (Officer’s Name) ___________________________ Submitting Agency (Law Enforcement or Other Agency) ___________________________

Submitting Agency Address ___________________________ City ___________________________

State ___________________________ Zip Code ___________________________

Remarks ___________________________ County of Arrest ___________________________

To Be Completed By Blood Specimen Collector

Check Each Item Performed:
☐ Used an Intact Kit
☐ Observed Powder in Blood Tube
☐ Used Disinfectant Provided in Kit
☐ Used Needle, Guide and Tube Provided in Kit
☐ Drew Blood into Tube and Inverted Several Times
☐ Alternate Item(s) Used ___________________________

Time Specimen Obtained: ___________________________ Date Specimen Obtained: ___________________________

☐ A.M. ☐ P.M. ☐ A.M. ☐ P.M. ___________________________ (Month/Day/Year) ___________________________

Remarks ___________________________

I certify that I withdrew the blood specimen from the above subject and the information given in this section is true and correct.

Specimen Collector’s Signature ___________________________

Please Print Specimen Collector’s Name and Title ___________________________

Facility Where Sample Was Drawn ___________________________

For Laboratory Use - Do Not Write In This Space

Laboratory Case Number ___________________________

Specimen Received From: ☐ Postal Delivery
☐ Other ___________________________

Time Specimen Received: ___________________________ Date Specimen Received: ___________________________

☐ A.M. ☐ P.M. ☐ A.M. ☐ P.M. ___________________________ (Month/Day/Year) ___________________________

Received:
☐ In a Sealed Container
☐ In a Labeled Blood Tube

By ___________________________

Remarks ___________________________

Arresting Officer: Tear Along the Perforation and Retain Bottom Portion for Your Records.

To Be Completed By Specimen Submitter

Subject (Please Print Name-Last, First, Initial) ___________________________

Time Specimen Obtained: ___________________________ Date Specimen Obtained: ___________________________

☐ A.M. ☐ P.M. ☐ A.M. ☐ P.M. ___________________________ (Month/Day/Year) ___________________________

Specimen Sealed By (Please Print Name-Last, First, Initial) ___________________________

Time Specimen Sealed: ___________________________ Date Specimen Sealed: ___________________________

☐ A.M. ☐ P.M. ☐ A.M. ☐ P.M. ___________________________ (Month/Day/Year) ___________________________

Check Each Step Performed:
☐ Used an Intact Kit.
☐ Affixed Completed Specimen Label/Seal Over the Top and Down the Sides of the Blood Tube.
☐ Placed the Blood Tube Inside the Blood Tube Protector and Then Placed It in the Plastic Bag Provided. (Do Not Remove Liquid Absorbing Sheet.)
☐ Placed the Plastic Bag and Completed Top Portion of This Form in the Kit Box and Closed It.
☐ Affixed Tamper-Evident Kit Box Shipping Seal on Kit Box.

I Certify That All Information Given in This Section is True and Correct.

Signed ___________________________

If Sending by Mail, Affix Postage

BAOND: SUB.15 11/10