

State of North Dakota)
)ss
County of Burleigh)

I, Charles E. Eder, do hereby certify that I am a 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 #13858 (MARCH 28, 2013)

hereto attached with the respective original as the same appears of record on file in the Office of 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:

28th day of MARCH, 2013



Charles E. Eder, State Toxicologist

State of North Dakota)
)ss
County of Burleigh)

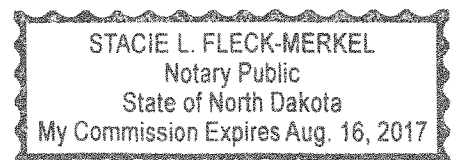
On this 28 day of March, 2013, before me personally appeared Charles E. Eder, known to me to be the State Toxicologist for the State of North Dakota, and acknowledged to me that he has executed the same.

Subscribed to and sworn before me on this:

28 day of March, 2013



Stacie L. Fleck-Merkel
Notary Public, State of North Dakota
My Commission Expires August 16, 2017



Notary seal/stamp



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)

Kit Lot No. 13858 Kit Exp. Date DEC 31, 2014
Blood Tube Lot No. 2338415 Exp. Date DEC 31, 2014
Disinfectant Lot No. 11202386 Exp. Date OCT 31, 2015

Please Print All Information.

Subject (Last, First, Initial)		Birth Date <small>(Month/Day/Year)</small>	Height	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Check One: <input type="checkbox"/> Arrested for DUI/APC <input type="checkbox"/> Personal Request <input type="checkbox"/> Other (Specify) _____		Driver's License Number		State
Specimen: <input type="checkbox"/> Blood		Analysis Requested: <input type="checkbox"/> Alcohol		
<input type="checkbox"/> Other _____		<input type="checkbox"/> 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: _____
 A.M. P.M.

Date Specimen Obtained: _____
(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: _____
 A.M. P.M.

Date Specimen Received: _____
(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: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Date Specimen Obtained: _____ <small>(Month/Day/Year)</small>
Specimen Sealed By (Please Print Name-Last, First, Initial)	Time Specimen Sealed: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Date Specimen Sealed: _____ <small>(Month/Day/Year)</small>

Check Each Step Performed:

SAMPLE DISPOSAL WILL OCCUR 12 MONTHS AFTER ANALYSIS REPORTING DATE

- 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 _____

Charles E. Edr
28 MAR 13

If Sending by Mail, Affix Postage