State of North Dakota
County of Burleigh

I, Margaret A. Pearson, 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

**Coroner and Traffic Fatality Request for Toxicological Analysis; PM0ND: CTFRTA.1 1/10; Kit Lot No. 10995 (March 9, 2010)**

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

9 day of March, 2010

__________________________________________
Margaret A. Pearson, State Toxicologist

State of North Dakota
County of Burleigh

On this 9 day of March, 2010, before me personally appeared Margaret A. Pearson, known to me to be a 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:

9 day of March, 2010

__________________________________________
Cindy Leingang, Notary Public, State of North Dakota
My Commission Expires January 11, 2011 (SEAL)
Decedent Name: ____________________________

Driver's License: ____________________________

Suspected Cause of Death: ____________________________

Medication/Drugs Suspected: ____________________________

Specimen Obtained By: ____________________________

Send Replacement Kit To: ____________________________

Date of Birth

<table>
<thead>
<tr>
<th>Hour</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
</table>

Time and Date of Death

Time and Date of Specimen Collection

Traffic Fatality: Time and Date of Fatality Accident

Traffic Fatality: □ Driver □ Suspected Driver □ Occupant □ Pedestrian □ Other

Send Lab Report To (Please Print): ____________________________

Coroner Name: ____________________________

Agency: ____________________________

Address: ____________________________

Officer Name: ____________________________

Agency: ____________________________

Address: ____________________________

Specimens Submitted:
Note: Fill Gray-Stoppered Tube First

□ Blood (Gray-Stoppered Tube)
□ Blood (Green-Stoppered Tube)
□ Blood (Red-Stoppered Tube)
□ Vitreous (Red-Stoppered Tube)
□ Urine (Green-Capped Plastic Container)
□ Other: ____________________________

Venipuncture Site: ____________________________

Analysis Required (Check All Required):

□ Blood Alcohol
□ Vitreous Alcohol
□ Blood Carboxyhemoglobin
□ Blood Drug Screen
□ Urine Drug Screen
□ Other (Please Specify):

Chain of Custody:

From (Name, Agency) To (Name, Agency) Date Time

For Lab Use Only:

Specimen Received:

□ In a sealed Postmortem Kit
□ Via Postal Delivery
□ In a Sealed Biohazard Bag
□ Via Other: ____________________________

Case No.: ____________________________

Notes: ____________________________