

State of North Dakota)
)ss
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 Request for Toxicological Analysis; PM0ND: CRTA.6 3/05 (APRIL 25, 2005)

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:

_____ 25 day of April, 2005

Margaret A. Pearson
Margaret A. Pearson, State Toxicologist

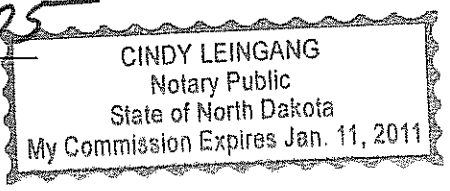
State of North Dakota)
)ss
County of Burleigh)

On this 25 day of April, 2005, 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 she has executed the same.

Subscribed to and sworn before me this:

_____ 25 day of April, 2005

Cindy Leingang
Cindy Leingang, Notary Public, State of North Dakota
My Commission Expires January 11, 2011



(SEAL)



Coroner Request for Toxicological Analysis

Office of Attorney General, Crime Laboratory Division
2635 East Main Avenue, P.O. Box 937
Bismarck, ND 58502-0937 • (701) 328-6159
SFN 50494 (1/05)

Decedent Name: _____
Last First Middle Initial

Male Female Date of Birth: _____ Date of Death: _____

*Social Security: _____ Driver's License: _____ State: _____

Specimens Collected: Date: _____ Time: _____

Specimens Obtained By: _____

Replacement Coroner Kit Sent To: _____

*NOTE: In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is voluntary pursuant to North Dakota Century Code. The individual's social security number is used within our department as an identification number for file control purposes and record keeping.

Specimens Submitted:

- Blood (Gray-Stoppered Tube)
 - Blood (Green-Stoppered Tube)
 - Blood (Red-Stoppered Tube)
 - Vitreous (Red-Stoppered Tube)
 - Urine (Large, Green-Capped Plastic Tube)
 - Other: _____
- Venipuncture Site: _____

Analysis Required (Check All Required):

- Blood Alcohol
- Blood Carbon Monoxide
- Blood Drug Screen
- Urine Drug Screen
- Other (Gastric, Liver, Etc.): _____

Sample Disposal Will Occur 12 Months After Analysis Reporting Date

Drugs Suspected: _____

Medications Used: _____

Suspected Cause of Death: _____

Law Enforcement Agency and Investigator Involved: _____

For Lab Use Only:

Case No.: _____

Specimen Received:

- In a Sealed Postmortem Kit
- Via Postal Delivery
- In a Sealed Bio Bag
- Via Other _____

at _____ on _____
(Time) (Date)

By: _____

Remarks: _____

Send Lab Report To:

Print Name: _____

Agency: _____

Address: _____

Chain of Custody Receipt:

(To Be Completed By Each Person In Custody of Specimen)

Signature Agency Hour Date

Margaret A. Pearson
25 April 2005