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 Request for Toxicological Analysis; PM0ND: CRTA.8 4/07 (May 22, 2007)

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:

22 day of May, 2007

Margaret A. Pearson, State Toxicologist

State of North Dakota  

County of Burleigh  

On this 22 day of May, 2007, before me personally appeared Margaret A. Pearson, known to me to be a State Toxicologist for the State of North Dakota, acknowledged to me that he/she has executed the same.

Subscribed to and sworn before me this:

22 day of May, 2007

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  (3/07)

Decedent Name:  

Last  First  Middle Initial

□ Male  □ Female  Date of Birth:  

Date of Death:  

*Social Security:  

Driver’s License:  State:  

Medication/Drugs Suspected:  

Suspected Cause of Death:  

Specimens Collected:  Date:  Time:  

Specimen 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:

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 (Serum, Decomposition Fluid, Etc.):  

Sample Disposal Will Occur 12 Months After Analysis Reporting Date

For Lab Use Only:

Case No.:  

Specimen Received:

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

at  

(Time) on  

(Date)  

By:  

at  

(Time) on  

(Date)  

Remarks:  

Send Lab Report To (Please Print):

Coroner Name:  

Agency:  

Address:  

Officer Name:  

Agency:  

Address:  

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