

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

**CORONER AND TRAFFIC FATALITY REQUEST FOR TOXICOLOGICAL ANALYSIS;
KIT LOT NO. 39618 (FEBRUARY 1, 2018)**

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:

1st day of FEBRUARY, 2018



Charles E. Eder
State Toxicologist

State of North Dakota)
)ss
County of Burleigh)

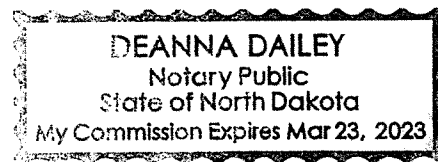
On this 1st day of February, 2018, before me personally appeared Charles E. Eder, known to me to be the State Toxicologist for the State of North Dakota, and acknowledged to me that he has executed the same.

Subscribed and sworn before me on this:

1st day of February, 2018



Deanna Dailey
Notary Public, State of North Dakota
My Commission Expires March 23, 2023



Notary seal/stamp



Coroner and Traffic Fatality Request for Toxicological Analysis
 Office of Attorney General, Crime Laboratory Division
 2641 East Main Avenue, P.O. Box 937
 Bismarck, ND 58502-0937 • (701) 328-6159
 SFN 50494 (10/14)

Kit Lot No. 39618

Male Female

Decedent Name: _____
Last First Middle Initial

Driver's License: _____ State: _____

Suspected Cause of Death: _____

Medication/Drugs Suspected: _____

Specimen Obtained By: _____

Send Replacement Kit To: _____

	Hour	Month	Day	Year
Date of Birth				
Time and Date of Death				
Time and Date of Specimen Collection				
<input type="checkbox"/> Traffic Fatality: Time and Date of Fatality Accident				
<input type="checkbox"/> Traffic Fatality: <input type="checkbox"/> Driver <input type="checkbox"/> Suspected Driver <input type="checkbox"/> Occupant <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other _____				

Send Lab Report To (Please Print): Sample disposal will occur 12 months after analysis reporting date.

Coroner Name: _____ Officer Name: _____
 Agency: _____ Agency: _____
 Address: _____ Address: _____

Forward report to ND State Forensic Examiner's Office.

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 US Mail
 In a sealed Biohazard Bag
 Via Other: _____

Case No.: _____
 Notes: _____

Charles E. ... 01 FEB 18 PMOND: CTFRTA.2 10/14