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

SUBMISSION FOR URINES (104-U): UCOND: SUB.5 4/07 (MAY 29, 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:

29 day of May, 2007

Margaret A. Pearson, State Toxicologist

State of North Dakota

County of Burleigh

On this 29 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:

29 day of May, 2007

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

(Seal)
### Subject (Last, First, Initial)

<table>
<thead>
<tr>
<th>Specimen:</th>
<th>Analysis Requested:</th>
<th>Suspected Drugs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Urine</td>
<td>☐ Alcohol</td>
<td></td>
</tr>
<tr>
<td>☐ Other (Specify)</td>
<td>☐ Drug Screen</td>
<td></td>
</tr>
<tr>
<td>☐ Other (Specify)</td>
<td>☐ THC Only</td>
<td></td>
</tr>
</tbody>
</table>

**Check One:** ☐ Arrested for DUI/APC  ☐ Personal Request  ☐ Other (Specify)

**Driver’s License Number:**

**State:**

**Specimen Submitted By (Name):**

**Submitting Agency Address:**

**City**

**State**

**Zip Code**

**Remarks**

---

### FOR LABORATORY USE – DO NOT WRITE IN THIS SPACE

**Laboratory Case Number:**

**Received:** ☐ In a Sealed Container  ☐ In a Labeled Urine Container

**Specimen Received From:**

| ☐ P.O. Box Delivery  | ☐ Other (Specify) |

**Specimen Received By (Name):**

**Time Specimen Received:**

| ☐ A.M.  | ☐ P.M.  | (Month/Day/Year) |

**Date Specimen Received:**

**Remarks**

---

**Arresting Officer: Tear Along the Perforation and Retain Bottom Portion for Your Records.**

---

### TO BE COMPLETED BY SPECIMEN SUBMITTER

<table>
<thead>
<tr>
<th>Subject (Last, First, Initial)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Specimen Sealed By (Last, First, Initial)</th>
</tr>
</thead>
</table>

**Time Specimen Obtained:**

| ☐ A.M.  | ☐ P.M.  | (Month/Day/Year) |

**Date Specimen Obtained:**

**Time Specimen Sealed:**

| ☐ A.M.  | ☐ P.M.  | (Month/Day/Year) |

**Date Specimen Sealed:**

---

### CHECK EACH STEP PERFORMED

**NOTE:** If submitting for Drug Analysis Only (not alcohol), begin with STEP 3.

**SAMPLE DISPOSAL WILL OCCUR 12 MONTHS AFTER ANALYSIS REPORTING DATE.**

**STEP 1:** ☐ Instruct the subject to void.

**STEP 2:** ☐ Establish a minimum 20 minute waiting period.

**STEP 3:** ☐ Open an Intact kit.

**STEP 4:** ☐ Observe white powder in the specimen container.

**STEP 5:** ☐ Collect the sample directly into the specimen container. Do not discard powder. Transferring of sample from one receptacle to another is not recommended.

**STEP 6:** ☐ Instruct the subject to fill the specimen container to about ¼ full. Take necessary precautions to avoid contamination.

**STEP 7:** ☐ Fill in the label and place it over the top and down the sides of the specimen container.

**STEP 8:** ☐ Insert the specimen container into the Ziploc bag provided and seal the bag.

**STEP 9:** ☐ Insert the completed top portion of this form into the kit box.

**STEP 10:** ☐ Place the bag containing the specimen in the kit box.

**STEP 11:** ☐ Close the kit box and seal it with the completed kit box shipping seal provided.

**STEP 12:** ☐ Complete the return address on the kit box top.

I certify that all information given in this section is true and correct.

_Signed_

**WARNING:** SCREW LID ON TIGHTLY