

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 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

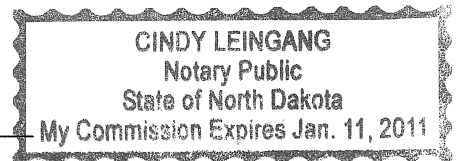
Margaret A. Pearson
Margaret A. Pearson, State Toxicologist

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

(SEAL)



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 (1/10)

Kit Lot No. 10995

Decedent Name: _____ Male Female
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: _____

<p>Specimens Submitted: Note: Fill Gray-Stoppered Tube First <input type="checkbox"/> Blood (Gray-Stoppered Tube) <input type="checkbox"/> Blood (Green-Stoppered Tube) <input type="checkbox"/> Blood (Red-Stoppered Tube) <input type="checkbox"/> Vitreous (Red-Stoppered Tube) <input type="checkbox"/> Urine (Green-Capped Plastic Container) <input type="checkbox"/> Other: _____ Venipuncture Site: _____</p>	<p>Analysis Required (Check All Required): <input type="checkbox"/> Blood Alcohol <input type="checkbox"/> Vitreous Alcohol <input type="checkbox"/> Blood Carboxyhemoglobin <input type="checkbox"/> Blood Drug Screen <input type="checkbox"/> Urine Drug Screen <input type="checkbox"/> Other (Please Specify): _____ _____</p>
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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: _____

Margaret A. [Signature]
 19 March 2010