

State of North Dakota)
)ss
County of Burleigh)

I, Margaret A. Pearson, do hereby certify that I am the duly-appointed State Toxicologist of the State of North Dakota and the official custodian of the records and files of the office thereof, that I have carefully compared the

SUBMISSION FOR URINES (104-U); UCOND: SUB.4 3/05 (APRIL 25, 2005)

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:

_____ 25 day of April, 2005 _____

Margaret A. Pearson
Margaret A. Pearson, State Toxicologist

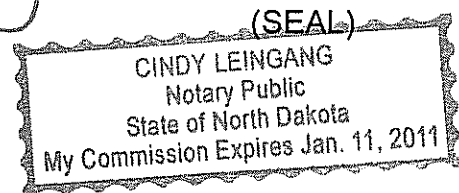
State of North Dakota)
)ss
County of Burleigh)

On this _____ 25 day of April, 2005 _____, before me personally appeared Margaret A. Pearson, known to me to be the 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





SUBMISSION FOR URINES (104-U)

OFFICE OF ATTORNEY GENERAL, CRIME LABORATORY DIVISION
2635 East Main Avenue, P.O. Box 937
Bismarck, ND 58502-0937 • (701) 328-6159
SFN 50159 (1-05)

PLEASE PRINT ALL INFORMATION

Subject (Last, First, Initial)		Birth Date ____/____/____ (Month/Day/Year)	Weight	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Check One: <input type="checkbox"/> Arrested for DUI/APC <input type="checkbox"/> Personal Request <input type="checkbox"/> Other (Specify) _____		Driver's License Number		State
Specimen: <input type="checkbox"/> Urine <input type="checkbox"/> Other (Specify) _____	Analysis Requested: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug Screen <input type="checkbox"/> THC Only	Suspected Drugs: _____ _____		
Time Specimen Obtained: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Date Specimen Obtained: ____/____/____ (Month/Day/Year)	County of Arrest		
Specimen Submitted By (Name)		Submitting Agency		
Submitting Agency Address		City	State	Zip Code
Remarks				

FOR LABORATORY USE - DO NOT WRITE IN THIS SPACE

Laboratory Case Number:	Received: <input type="checkbox"/> In a Sealed Container <input type="checkbox"/> In a Labeled Urine Container
Specimen Received From: <input type="checkbox"/> P.O. Box Delivery <input type="checkbox"/> Other (Specify) _____	Specimen Received By (Name):
Time Specimen Received: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Date Specimen Received: ____/____/____ (Month/Day/Year)
Remarks	

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

TO BE COMPLETED BY SPECIMEN SUBMITTER

Subject (Last, First, Initial)	Time Specimen Obtained: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Date Specimen Obtained: ____/____/____ (Month/Day/Year)
Specimen Sealed By (Last, First, Initial)	Time Specimen Sealed: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Date Specimen Sealed: ____/____/____ (Month/Day/Year)

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 ¾ 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 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 _____

Margaret A. Peterson
75 April 2005

IF SENDING BY MAIL, AFFIX POSTAGE.