

State of North Dakota     )  
  )ss  
County of Burleigh         )

I, Charles E. Eder, do hereby certify that I am the 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. 12044 (October 2, 2012)**

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:

02 day of October, 2012

*Charles E. Eder*  
Charles E. Eder, State Toxicologist

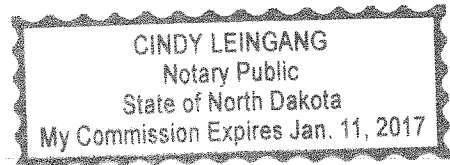
State of North Dakota     )  
  )ss  
County of Burleigh         )

On this 02 day of October, 2012, 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/she has executed the same.

Subscribed to and sworn before me this:

02 day of October, 2012

*Cindy Leingang*  
Cindy Leingang, Notary Public, State of North Dakota  
My Commission Expires January 11, 2017



(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. 12044

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				

Traffic Fatality:  Driver  Suspected Driver  Occupant  Pedestrian  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: \_\_\_\_\_

**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 Postal Delivery  
 In a Sealed Biohazard Bag  
 Via Other: \_\_\_\_\_

Case No.: \_\_\_\_\_  
 Notes: \_\_\_\_\_  
 \_\_\_\_\_

*Charles E. [Signature]*  
 02 Oct. 12