

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. 53203 (MAY 18, 2020)**

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:

18th day of MAY, 2020

Charles E. Eder
Charles E. Eder, State Toxicologist

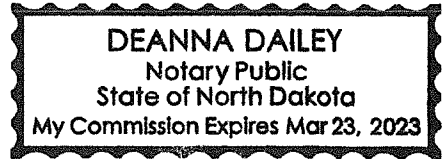
State of North Dakota)
)ss
County of Burleigh)

On this 18th day of May, 2020, 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 to and sworn before me this:

18th day of May, 2020

Deanna Dailey
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
 Bismarck, ND 58501 • (701) 328-6159
 SFN 50494 (02/20)

Kit Lot No. 53203

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: _____

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 (Gray-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. ... 5.18.20 PMOND:CTFRTA.3 2/2020