

State of North Dakota)
)ss
County of Burleigh)

I, Janelle Portscheller, do hereby certify that I am the duly-appointed State Toxicologist/Toxicology Unit – Biological Section Technical Leader 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 URINE (104-U); KIT LOT #71330 (August 29, 2022)

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:

29 day of August, 2022

Janelle Portscheller
Janelle Portscheller, State Toxicologist/Toxicology Unit – Biological Section Technical Leader

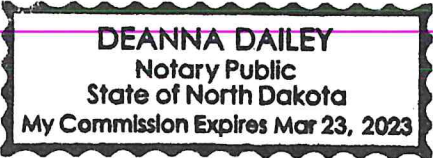
State of North Dakota)
)ss
County of Burleigh)

On this 29th day of August, 2022, before me personally appeared Janelle Portscheller, known to me to be the State Toxicologist/Toxicology Unit – Biological Section Technical Leader for the State of North Dakota, and acknowledged to me that he has executed the same.

Subscribed and sworn before me on this:

29th day of August, 2022

Deanna Dailey
Deanna Dailey, Notary Public, State of North Dakota
My Commission Expires March 23, 2023



Notary seal/stamp



SUBMISSION FOR URINE (104-U)
 ND OFFICE OF ATTORNEY GENERAL
 CRIME LABORATORY DIVISION
 SFN 50159 (02/2022)

Crime Laboratory Division
 2641 East Main Ave
 Bismarck ND 58501
 Phone: 701-328-6159

Kit Lot Number 71330
Kit Expiration Date NONE

Please Print All Information

Subject Name (last, first, initial)		Birth Date (M/D/YYYY)	Height	Weight	Driver's License Number	State
Check All That Apply <input type="checkbox"/> DUI <input type="checkbox"/> APC <input type="checkbox"/> Crash <input type="checkbox"/> Fatality <input type="checkbox"/> Serious Bodily Injury <input type="checkbox"/> Other (Specify) _____		Specimen <input type="checkbox"/> Urine <input type="checkbox"/> Other (Specify) _____			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
		Analysis Requested (check all that apply) <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug Analysis <input type="checkbox"/> THC Only				
Time Specimen Obtained	<input type="checkbox"/> AM <input type="checkbox"/> PM	Date Specimen Obtained (M/D/YYYY)	List of Medications, Suspected Drugs, or Other Remarks			
Specimen Submitted By (Officer's name)			Submitting Agency (Law Enforcement or Other Agency)			
Submitting Agency Case Number	City	County of Arrest			State	

Laboratory Use - Do Not Write In This Space

Laboratory Case Number	Specimen Received By	
Specimen Received From	Received	Time Specimen Received
<input type="checkbox"/> US Mail <input type="checkbox"/> Hand to Hand	<input type="checkbox"/> Sealed Container	<input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> Certified Mail <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Labeled Urine Container	Date Specimen Received (M/D/YYYY)
Remarks		

Arresting Officer: Tear along the perforation and retain bottom portion for your records.

To Be Completed By Specimen Submitter

Subject Name (last, first, initial)	Time Specimen Obtained	<input type="checkbox"/> AM <input type="checkbox"/> PM	Date Specimen Obtained (M/D/YYYY)
Specimen Sealed By (last, first, initial)	Time Specimen Sealed	<input type="checkbox"/> AM <input type="checkbox"/> PM	Date Specimen Sealed (M/D/YYYY)

Check Each Step Performed

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

- Step 1 Instruct the subject to void.
- Step 2 Establish a minimum 20 minute waiting period.
- Step 3 Used an intact kit.
- Step 4 Observed 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 3/4 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.

WARNING SCREW LID ON TIGHTLY

Sample Disposal Will Occur 12 Months After Analysis Reporting Date.

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

Signature _____

Janelle Putschner 29 Aug 22

If sending by mail, affix postage.

UC0ND: SUB.9 2/22