

State of North Dakota     )  
  )ss  
County of Burleigh         )

I, Janelle Portscheller, do hereby certify that I am a duly-appointed Designee of the Director of the North Dakota Office of Attorney General, Crime Laboratory Division 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. 63971 (November 16, 2021)**

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:

16 day of November, 2021

Janelle Portscheller  
Janelle Portscheller, Toxicology Unit – Biological Section Technical Leader

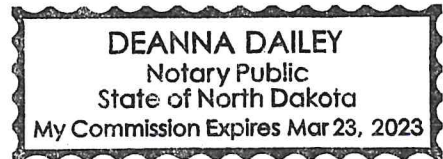
State of North Dakota     )  
  )ss  
County of Burleigh         )

On this 16<sup>th</sup> day of November, 2021, before me personally appeared Janelle Portscheller, known to me to be the Toxicology Unit – Biological Section Technical Leader for the North Dakota Office of Attorney General, Crime Laboratory Division, and acknowledged to me that she has executed the same.

Subscribed to and sworn before me on this:

16<sup>th</sup> day of November, 2021

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. 63971

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"/> <b>Traffic Fatality:</b> Time and Date of Fatality Accident				
<input type="checkbox"/> <b>Traffic Fatality:</b> <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: \_\_\_\_\_

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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Janelle Parks-Keller 16 Nov 21*