

State of North Dakota)
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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

SUBMISSION FOR BLOOD (104); KIT LOT #61464 (June 09, 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:

9th day of JUNE, 2021



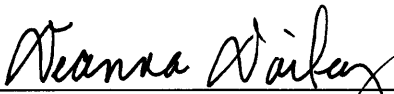
Charles E. Eder, State Toxicologist

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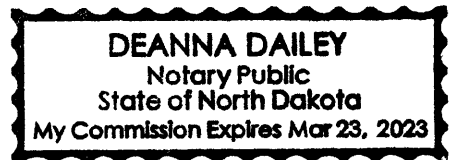
On this 9th day of June, 2021, before me personally appeared Charles E. Eder, known to me to be the State Toxicologist for the State of North Dakota, and acknowledged to me that he has executed the same.

Subscribed and sworn before me on this:

9th day of June, 2021



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



Notary seal/stamp



SUBMISSION FOR BLOOD (104)

Office of Attorney General, Crime Laboratory Division
2641 East Main Avenue
Bismarck, ND 58501 • (701) 328-6159
SFN 50491 (02/21)

Kit Lot No. 61464 Kit Exp. Date 02/28/2023
Blood Tube Lot No. 111023 Exp. Date 02/28/23
Disinfectant Lot No. 12001977 Exp. Date 12/31/23

Please Print All Information.

Subject (Last, First, Initial)		Birth Date <small>(Month/Day/Year)</small>	Height	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Analysis Requested <input type="checkbox"/> Alcohol (Check All That Apply): <input type="checkbox"/> Drug Analysis		Driver's License Number		State
Specimen: <input type="checkbox"/> Blood <input type="checkbox"/> Other _____	Check All That Apply: <input type="checkbox"/> DUI/APC <input type="checkbox"/> Crash <input type="checkbox"/> Fatality <input type="checkbox"/> Serious Injury <input type="checkbox"/> Other (Specify) _____			
Specimen Submitted By (Officer's Name)		Submitting Agency (Law Enforcement or Other Agency)		
City	County of Arrest		State	
List Medications, Suspected Drugs, or other Remarks				

To Be Completed By Blood Specimen Collector

Check Each Item Performed:	
<input type="checkbox"/> Used an Intact Kit <input type="checkbox"/> Observed Powder in Blood Tube <input type="checkbox"/> Used Disinfectant Provided in Kit <input type="checkbox"/> Used Needle, Guide and Tube Provided in Kit <input type="checkbox"/> Drew Blood Into Tube and Inverted Several Times <input type="checkbox"/> Alternate Item(s) Used _____	
Time Specimen Obtained: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Date Specimen Obtained: _____ (Month/Day/Year)
Remarks	
I certify that I withdrew the blood specimen from the above subject and the information given in this section is true and correct.	
_____ Specimen Collector's Signature	
_____ Please Print Specimen Collector's Name and Title	
_____ Facility Where Sample Was Drawn	

For Laboratory Use - Do Not Write In This Space

Laboratory Case Number	
Specimen Received From: <input type="checkbox"/> US Mail <input type="checkbox"/> Certified Mail <input type="checkbox"/> Hand to Hand <input type="checkbox"/> Other _____	
Time Specimen Received: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Date Specimen Received: _____ (Month/Day/Year)
Received: <input type="checkbox"/> In a Sealed Container <input type="checkbox"/> In a Labeled Blood Tube	
By _____	
Remarks	

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

To Be Completed By Specimen Submitter

Subject (Please Print Name-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 (Please Print Name-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:

SAMPLE DISPOSAL WILL OCCUR 12 MONTHS AFTER ANALYSIS REPORTING DATE

- Used an Intact Kit.
- Affixed Completed Specimen Label/Seal Over the Top and Down the Sides of the Blood Tube.
- Placed the Blood Tube Inside the Blood Tube Protector and Then Placed it in the Plastic Bag Provided. **(Do Not Remove Liquid Absorbing Sheet.)**
- Placed the Plastic Bag and Completed Top Portion of This Form in the Kit Box and Closed It.
- Affixed Tamper-Evident Kit Box Shipping Seal on Kit Box.

I Certify That All Information Given in This Section is True and Correct.

Signed

If Sending by Mail, Affix Correct Postage

Charles E. Ehr 6.9.21