

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

**SUBMISSION FOR BLOOD (104); KIT LOT #38724 (NOVEMBER 22, 2017)**

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:

22<sup>nd</sup> day of NOVEMBER, 2017

Charles E. Eder  
Charles E. Eder, State Toxicologist

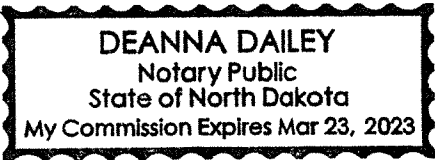
State of North Dakota     )  
  )ss  
County of Burleigh         )

On this 22<sup>nd</sup> day of November, 2017, 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:

22<sup>nd</sup> day of November, 2017

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



(SEAL)



### SUBMISSION FOR BLOOD (104)

Office of Attorney General, Crime Laboratory Division  
2641 East Main Avenue, P.O. Box 937  
Bismarck, ND 58502-0937 • (701) 328-6159  
SFN 50491 (9/14)

Kit Lot No. 38724      Kit Exp. Date 7/31/19  
Blood Tube Lot No. 7180919      Exp. Date 7/31/19  
Disinfectant Lot No. 11700723      Exp. Date 5/31/20

Please Print All Information.

|   |  |   |                 |   |
|---|--|---|-----------------|---|
| Subject (Last, First, Initial)  |  | Birth Date<br>_____<br>(Month/Day/Year)   | Height<br>_____ | Sex: <input type="checkbox"/> Male<br><input type="checkbox"/> Female |
| <b>Check One:</b> <input type="checkbox"/> Arrested for DUI/APC <input type="checkbox"/> Fatality Related<br><input type="checkbox"/> Other (Specify) _____ |  | Driver's License Number   |                 | State   |
| <b>Specimen:</b> <input type="checkbox"/> Blood<br><input type="checkbox"/> Other _____   |  | <b>Analysis Requested:</b> <input type="checkbox"/> Alcohol<br><input type="checkbox"/> Drug Screen (List Meds/Suspected Drugs _____) |                 |   |
| Specimen Submitted By (Officer's Name)  |  | Submitting Agency   |                 |   |
| Submitting Agency Address   |  | City  | State           | Zip Code  |
| Remarks   |  |   | County          |   |

#### To Be Completed By Blood Specimen Collector

|  |  |
|--|--|
| <b>Check Each Item Performed:</b>  |  |
| <input type="checkbox"/> Used an Intact Kit<br><input type="checkbox"/> Observed Powder in Blood Tube<br><input type="checkbox"/> Used Disinfectant Provided in Kit<br><input type="checkbox"/> Used Needle, Guide and Tube Provided in Kit<br><input type="checkbox"/> Drew Blood Into Tube and Inverted Several Times<br><input type="checkbox"/> Alternate Item(s) Used _____ |  |
| Time Specimen Obtained:<br>_____<br><input type="checkbox"/> A.M. <input type="checkbox"/> P.M.  | Date Specimen Obtained:<br>_____<br>(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.   |  |
| _____<br>Specimen Collector's Signature  |  |
| _____<br>Please Print Specimen Collector's Name and Title  |  |
| _____<br>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<br><input type="checkbox"/> Hand to Hand <input type="checkbox"/> Other _____ |  |
| Time Specimen Received:<br>_____<br><input type="checkbox"/> A.M. <input type="checkbox"/> P.M.  | Date Specimen Received:<br>_____<br>(Month/Day/Year) |
| Received:<br><input type="checkbox"/> In a Sealed Container<br><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:<br>_____<br><input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | Date Specimen Obtained:<br>_____<br>(Month/Day/Year) |
| Specimen Sealed By (Please Print Name-Last, First, Initial) | Time Specimen Sealed:<br>_____<br><input type="checkbox"/> A.M. <input type="checkbox"/> P.M.   | Date Specimen Sealed:<br>_____<br>(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 |
|--------|

*Charles E. Edm* 22 Nov. 2017

If Sending by Mail, Affix Correct Postage