

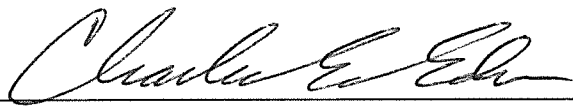
State of North Dakota)
)ss
County of Burleigh)

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 #48399 (SEPTEMBER 06, 2019)

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:

6th day of SEPTEMBER, 2019



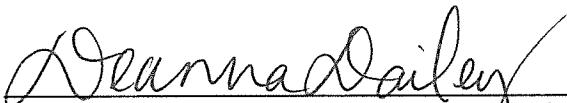
Charles E. Eder, State Toxicologist

State of North Dakota)
)ss
County of Burleigh)

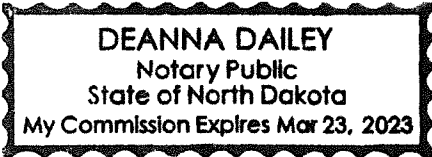
On this 6th day of September, 2019, before me personally appeared Charles E. Eder, known to me to be the State Toxicologist for the State of North Dakota, and acknowledged to me that he has executed the same.

Subscribed and sworn before me on this:

6th day of September, 2019



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, P.O. Box 937
 Bismarck, ND 58502-0937 • (701) 328-6159
 SFN 50491 (9/14)

Kit Lot No. 48399 Kit Exp. Date 6/30/21
 Blood Tube Lot No. 917584 Exp. Date 6/30/21
 Disinfectant Lot No. 11900370 Exp. Date 4/30/22

Please Print All Information.

Subject (Last, First, Initial)		Birth Date <small>(Month/Day/Year)</small>	Height	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Check One: <input type="checkbox"/> Arrested for DUI/APC <input type="checkbox"/> Fatality Related <input type="checkbox"/> Other (Specify) _____		Driver's License Number		State
Specimen: <input type="checkbox"/> Blood	Analysis Requested: <input type="checkbox"/> Alcohol			
<input type="checkbox"/> Other _____	<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

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: _____ <small>(Month/Day/Year)</small>
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: _____ <small>(Month/Day/Year)</small>
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: _____ <small>(Month/Day/Year)</small>
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: _____ <small>(Month/Day/Year)</small>

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. ... 9.6.2019