

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 BLOOD (104); KIT LOT #81953 (November 27, 2023)**

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:

27 day of November, 2023

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

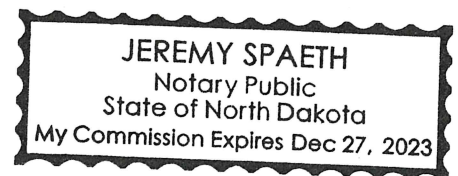
State of North Dakota     )  
  )ss  
County of Burleigh         )

On this 27 day of November, 2023, 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 she has executed the same.

Subscribed and sworn before me on this:

27 day of November, 2023

Jeremy Spaeth  
Jeremy Spaeth, Notary Public, State of North Dakota  
My Commission Expires December 27, 2023



Notary seal/stamp



**SUBMISSION FOR BLOOD (104)**  
 OFFICE OF ATTORNEY GENERAL  
 CRIME LABORATORY DIVISION  
 SFN 50491 (07/2023)

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

Kit Lot Number 81953	Kit Expiration Date 07/31/2025
Blood Tube Lot Number 230825	Expiration Date 08/24/2025
Disinfectant Lot Number 220663	Expiration Date 07/31/2025

**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"/> Blood <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				
Specimen Submitted By (Officer's name)			Submitting Agency (Law Enforcement or Other Agency)			
Submitting Agency Case Number		City	County of Arrest		State	
List of Medications, Suspected Drugs, or Other Remarks					Was a DRE Evaluation Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	

**To Be Completed by Blood Specimen Collector**

Check **Each** Item Performed

Used an intact kit  Observed powder in blood tube  Used disinfectant provided in kit  Used needle, guide and tube provided in kit  
 Drew blood into tube and inverted several times  Alternate item(s) used \_\_\_\_\_

Remarks	Time Specimen Obtained <input type="checkbox"/> AM <input type="checkbox"/> PM	Date Specimen Obtained (M/D/YYYY)
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I certify that I withdrew the blood specimen from the above subject and the information given in this section is true and correct.

Print Specimen Collector's Name	Print Specimen Collector's Title
Facility Where Sample was Drawn	Specimen Collector's Signature

**For Laboratory Use - Do Not Write In This Space**

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

**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**

- Step 1  Used an intact kit.
- Step 2  Affixed completed specimen label/seal over the top and down the sides of the blood tube.
- Step 3  Placed the blood tube inside the blood tube protector and then placed it in the plastic bag provided. **(Do not remove liquid absorbing sheet.)**
- Step 4  Placed the plastic bag and completed top portion of this form in the kit box and closed it.
- Step 5  Affixed tamper-evident kit box shipping seal on kit box.

**Sample Disposal Will Occur 12 Months After Analysis Reporting Date.**

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

Signature
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*Janelle Pertschauer J Nov. 23*

If sending by mail, affix postage.