

State of North Dakota)
)ss
County of Burleigh)

I, Janelle Portscheller, 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 #104362 (February 13, 2026)

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:

13th day of February, 2026

Janelle Portscheller
Janelle Portscheller, State Toxicologist

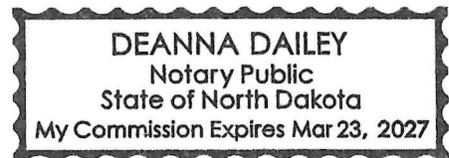
State of North Dakota)
)ss
County of Burleigh)

On this 13th day of February, 2026, before me personally appeared Janelle Portscheller, known to me to be the State Toxicologist for the State of North Dakota, and acknowledged to me that she has executed the same.

Subscribed and sworn before me on this:

13th day of February, 2026

Deanna Dailey
Deanna Dailey, Notary Public, State of North Dakota
My Commission Expires March 23, 2027



Notary seal/stamp



SUBMISSION FOR BLOOD (104)
 OFFICE OF ATTORNEY GENERAL
 CRIME LABORATORY DIVISION
 SFN 50491 (08/2024)

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

Kit Lot Number 104362	Kit Expiration Date 07/31/2027
Blood Tube Lot Number 527436	Expiration Date 07/31/2027
Disinfectant Lot Number 20250221	Expiration Date 02/20/2028

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	
Was a DRE Evaluation Completed <input type="checkbox"/> Yes <input type="checkbox"/> No		DRE Officer Name, List of Medications, Suspected Drugs, or Other Remarks				

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)
---------	--	-----------------------------------

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

If sending by mail, affix postage.

Janelle Putschner 13 Feb. 2026

BA0ND:SUB.21 9/24