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 #110454 (October 21, 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:

21st day of October, 2026

Janelle Portscheller
Janelle Portscheller, State Toxicologist

State of North Dakota)
)ss
County of Burleigh)

On this 21st day of October, 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:

21st day of October, 2026

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

DEANNA DAILEY
Notary Public
State of North Dakota
My Commission Expires Mar 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	Kit Expiration Date
110454	07/31/2028
Blood Tube Lot Number	Expiration Date
260814	07/31/2028
Disinfectant Lot Number	Expiration Date
26226061024	06/18/2029

Print All Information

Subject Name (last, first, initial)	Birth Date (M/D/YYYY)	Height	Weight	Driver's License Number	State

Check All That Apply
☐ DUI ☐ APC ☐ Crash ☐ Fatality
☐ Serious Bodily Injury
☐ Other (Specify) _____

Specimen
☐ Blood ☐ Other (Specify) _____

Analysis Requested (check all that apply)
☐ Alcohol ☐ Drug Analysis

Gender
☐ Male
☐ Female

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
☐ Yes ☐ 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 ☐ AM ☐ 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	Received	Time Specimen Received ☐ AM ☐ PM
☐ US Mail ☐ Hand to Hand	☐ Sealed Container	
☐ Certified Mail ☐ Other (Specify) _____	☐ Labeled Blood Tube	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 ☐ AM ☐ PM	Date Specimen Obtained (M/D/YYYY)
Specimen Sealed By (last, first, initial)	Time Specimen Sealed ☐ AM ☐ 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 Pustchelter 21 Oct. 2026

BA0ND:SUB.21 9/24