

ADMISSION # [REDACTED]

SOUTH DAKOTA HEALTH LABORATORY
615 E. 4TH ST. - PIERRE, SD 57501-1700 • (605) 773-0368
BLOOD ALCOHOL SUBMISSION FORM

TESTS REQUESTED OTHER

INSTRUCTIONS: Samples should be five (5) or more. Crystals in the sample tube are there to prevent coagulation and are not to be removed. After placing blood in tube, replace stopper firmly and shake briefly. Officer should seal stopper tube using paper seal attached to this sheet and write initials and date on seal. Wrap the white copy of this form around the glass tube when filled and sealed, replace in mailing tube and place first class postage on address wrapper. Retain yellow copy for your records. Mail promptly.

SUBJECT'S NAME [REDACTED]
DR. LICENSE # [REDACTED] STATE [REDACTED]
DATE OF BIRTH [REDACTED]
COUNTY OF INCIDENT [REDACTED]
INCIDENT DATE [REDACTED] TIME [REDACTED]
FATALITY DATE [REDACTED] TIME [REDACTED]
FATALITY SAMPLE SOURCE * OTHER

CLEARER CODE * OTHER [REDACTED]
TYPE OF SAMPLE * OTHER [REDACTED]
REASON FOR TEST * OTHER [REDACTED]
SAMPLE DATE [REDACTED]
SAMPLE TIME [REDACTED]
SAMPLE'S POSITION [REDACTED]
SAMPLE'S PRINTED NAME [REDACTED]
SAMPLE'S INITIALS [REDACTED]
SAMPLE'S SIGNATURE [REDACTED]

REQUESTOR'S PRINTED NAME [REDACTED]
REQUESTOR'S INITIALS [REDACTED]
RADIO CALL # [REDACTED]
AGENCY [REDACTED]
ADDRESS - 1 [REDACTED]
ADDRESS - 2 [REDACTED]
CITY/STATE [REDACTED]
ZIP CODE [REDACTED] (CHECK IF REQUIRED)
PHONE NO. [REDACTED]

* NOTE: CODES ARE FOUND ON BACK OF YELLOW COPY. WHITE COPY WITH SAMPLE - LAB YELLOW COPY - REQUESTOR FILES

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AFFIDAVIT

STATE OF SOUTH DAKOTA :
COUNTY OF HUGHES :

Roger Mathison, being first duly sworn upon his oath, deposes and says:

1. That my name is Roger Mathison, and that at all times pertinent hereto I am now and was so employed as an assistant to the Director of Laboratories and that my duties include conducting tests on blood and urine for the determination of alcohol content by weight, as defined in SDCL 1-4-2.

2. That on the 4 day of [redacted] I received custody of blood sample submitted by [redacted] M. [redacted] SOUTH DAKOTA by name of that deposit and that further identified as a blood sample from [redacted]. The sample was sealed when received and the following information appeared on the seal:

[redacted]

The sample was assigned laboratory sample number [redacted] for identification purposes.

3. That under the direction and on behalf of Michael Smith, Director of Laboratories, and in my capacity as an employee and agent thereof, I determined the alcohol concentration of the sample on the [redacted] day a gas chromatograph and the headspace technique. The results of my examination are [redacted]

Alcohol 0.1344 by weight.

4. That the test performed on the above sample is an accepted scientific procedure for the determination of alcohol concentration of blood and urine samples. The above sample has been in my possession or the possession of the State Health Laboratory at all times since receipt, and that the sample has not been altered or changed in any respect except for that part submitted to the analytical test. This laboratory report is prepared to comply with SDCL 1-4-2.

Deed this 4 day of Aug. 2018.

State of South Dakota : ss.
County of Hughes :

OATH AND AFFIRMATION

Roger Mathison, being first duly sworn, states that he is a chemist in the State Health Laboratory and that he has examined the foregoing and knows the contents thereof and the same to be true and correct to his best knowledge, except to those matters stated upon information and belief, and to which matters he believes to be true.

[redacted]

[Signature]

Department of Health
State of South Dakota

Subscribed and sworn to before me this 4 day of Aug. 2018.

(Seal)

[Signature]

Notary Public - South Dakota
My commission expires: May 22, 2018





SOUTH DAKOTA
DEPARTMENT OF HEALTH

DIVISION OF
ADMINISTRATION
Public Health Laboratory

615 East Fourth Street
Pierre, South Dakota 57501-4700
605/773-8188 FAX: 605/773-8129
www.state.sd.us/sooh/lab/index.htm

Submitter copy to:

[REDACTED]
3200 EAST HIGHWAY 14 #13
PIERRE, SD 57501-0000

* Page 1 of 1 *

Spec #: [REDACTED]
Subm #: [REDACTED]
Lab: FORENSICS
Tel #: 605/773-3368

Subject

Date Recvd: [REDACTED]
Country: SUDAN
Spec Type: Urine
Date Tested: [REDACTED]
Received By: urine deposit

Sample Date: [REDACTED]
Sample Initial: [REDACTED]
Seal Date: [REDACTED]
Seal Initials: DDP/MLH
Test Reas: TR

Final Results

Specimen Numbers:
Date Collected:
ethyl alcohol level

Analysis: 0.134 % by weight
Chemist: Roger Mathison