

Toxicology Analysis Request Form

Enter information electronically and print a copy to submit with the samples. Submit one form per subject.

To,
The Government Analyst
Government Analyst's Department
31, Isuru Mawatha, Pelawatta,
Battaramulla,
Sri Lanka.
Tel: +94-11-2786385-6, Ext. 4225,4226,4218,4219

For Office Use Only

Registration No. : CT...../.....

AGENCY INFORMATION

Name of the JMO/ MO.
(Medico Legal) etc.

Name of the Hospital/ JMO's Office

Address

OFFENCE INFORMATION

Date of Incident

Date

Time

Date of Death

Date

Time

Autopsy Ref. No

Date of Autopsy

Mode of Poisoning

Homicide

Fatal Accident

Suicide

DUI

Accidental

Other (Specify)

SUBJECT INFORMATION

Case History

Subject Type Deceased Patient
Medical History Diabetics Psychiatric Other

Name

Gender Male Female

Age

Occupation

SAMPLE INFORMATION

List of Specimens

Number of Specimens Submitted

- Blood Liver Suspected Poison
- Urine Kidney Tablets/Medicines
- Bile Lungs Other (Specify)
- Stomach Contents Vitreous humor
- Intestinal Contents Brain

Analysis Required (Please request necessary analysis only)

No. of analysis required (Please specify the required poisons)

CHAIN OF CUSTODY

Samples were delivered through

Name

Occupation

Date Time

Speciman Signature

Identity card NO.

Specimen Seal

.....
Signature of JMO

Rubber Stamp