Please read the contents of this form carefully before submitting the case.

This form must be properly filled by the Medico Legal Officer (MLO) and submitted along with the specimen(s); otherwise, the case will not be accepted.

Name of Individual/Deceased	
S/O, D/O, W/O	
Date & Time of Incident	
Hospital Admission Details	Date: Time:
Death Details	Date: Time:
MLC/PMR No. & Date	
Medication History (if any)	
Any Unusual MLC/PMR Findings	

Specimen(s) must be submitted in preservative as described below; otherwise, the specimen(s) will not be processed for toxicology analysis. (Please check relevant box)

MLC Specimen(s)	☐ Blood	10 mL blood preserved with mixture (ratio 1:3) of **sodium fluoride and potassium oxalate**. 20 mg of this mixture is sufficient for preservation of 10 mL blood.
	☐ Urine	20 mL urine **without any preservatives**
	☐ Gastric lavage	First undiluted portion (minimum 20 mL) of gastric lavage is preferred, **without any preservative.**

PMR Specimen(s)	☐ Blood	50 mL blood preserved with mixture (ratio 1:3) of **sodium fluoride and potassium oxalate**. 100 mg of this mixture is sufficient for preservation of 50 mL blood.
	☐ Urine	All available urine **without any preservatives**
	☐ Gastric contents	All available gastric contents **without any preservatives**
	☐ Liver	Not more than 20 g liver preserved in **saturated saline**
	☐ Spleen	If carbon monoxide poisoning is suspected and blood is not available, then 20 g spleen preserved in **saturated saline.**
	☐ Abdominal paste	If above mentioned samples are not available in exhumation case, then 20 g abdominal paste **without any preservative.**
	☐ Hair	Accepted only in chronic drug/poison exposure (Hair cluster having thickness of a pencil, pulled or collected as near to scalp as possible)
	☐ Other specimen (mention detail)	_____

Case Type (Check relevant box only)	**Please Specify Test(s) Request Based on Case Type and MLC/PMR Findings (Check relevant box only)**
☐ Alcohol Intake	☐ Alcohol and other volatiles
☐ Drug Intake	☐ Drugs of Abuse
☐ Road Accident/Drug Facilitated Crimes	☐ Drugs of Abuse ☐ Alcohol and other volatiles
☐ Burning/Suffocation	☐ Carbon Monoxide ☐ Drugs of Abuse ☐ Alcohol and other volatiles
☐ Strangulation/Blunt Means/ Firearms/ Drowning/Electric shock/Fall/Disease	☐ Drugs of Abuse ☐ Alcohol and other volatiles ☐ Pesticides and Drugs ☐ Black Stone ☐ Phosphides ☐ Cyanide ☐ Heavy Metals ☐ Any Other Test _____
☐ Poisoning/Drug overdose	
☐ Unascertained	

Any other History (If Applicable): **Attach a separate page if needed**

Requested By	**Hospital Name & Address**		
MLO Detail	Name	Signature	Stamp & Date
Contact Detail(s)	Phone Number	Email	