

REPORT TO BE FORWARDED WITH THE MATERIAL OBJECTS SENT FOR CHEMICAL EXAMINATION.

1. No.(PM) Date.....

2. Name of the deceased..... aged about.....

3. Crime No.ofPolice Station.

4. Material objects
- 1. Stomach and part of intestine
 - 2. Part of liver and one kidney
 - 3. Blood
 - 4. Urine
 - 5.

5. Sample of preservation Saturated Saline/ Rectified Spirit/Sodium Fluoride

6. Mode of packing

7. Impression seal used Affixed



8. Copy of label affixed to bottle/packages (Enclosed)

9. Information furnished by the Police

10. Clinical history, treatment, progress etc.

11. Post – mortem appearance

12. Examination required

Signature
Name
Designation

No.....

Date

To

Chief Chemical Examiner to Govt.
Thiruvananthapuram.

Sir,

I am forwarded here with the above mentioned material objects through Sri. CPO. No. for Chemical Examination and Certificate. I request that 3 copies of your certificate may be sent to me at an early date.

Yours faithfully

Name
Designation

Name of Department :.....

Place :.....

I. No.(PM). Date.....

Name of the deceased:

Nature of the specimen: Stomach and part of intestine with content

Name/Signature

Preservative used: Rectified spirit / Saturated saline / Sodium fluoride

Name/Signature

Name of Department :.....

Place :.....

II. No.(PM). Date.....

Name of the deceased:

Nature of the specimen: Part of liver and one kidney

Preservative used: Rectified spirit / Saturated saline / Sodium fluoride

Name/Signature

Name of Department :.....

Place :.....

III. No.(PM). Date.....

Name of the deceased:

Nature of the specimen: Blood

Preservative used: Rectified spirit / Saturated saline / Sodium fluoride

Name/Signature

Name of Department :.....

Place :.....

IV. No.(PM). Date.....

Name of the deceased:

Nature of the specimen: Urine

Preservative used: Rectified spirit / Saturated saline / Sodium fluoride

Name/Signature

Name of Department :.....

Place :.....

V. No.(PM). Date.....

Name of the deceased:

Nature of the specimen:

Preservative used: Rectified spirit / Saturated saline / Sodium fluoride

Name/Signature

Name of Department :.....

Place :.....

VI. No.(PM). Date.....

Name of the deceased:

Nature of the specimen:

Preservative used: Rectified spirit / Saturated saline / Sodium fluoride

Name/Signature

Name of Department :.....

Place :.....

VII. No.(PM). Date.....

Name of the deceased:

Nature of the specimen:

Preservative used: Rectified spirit / Saturated saline / Sodium fluoride

Name/Signature

Name of Department :.....

Place :.....

VIII. No.(PM). Date.....

Name of the deceased:

Nature of the specimen:

Preservative used: Rectified spirit / Saturated saline / Sodium fluoride

Name/Signature
