

CORONER'S OFFICE CHAIN OF EVIDENCE

DECEDENT'S NAME: _____

CORONER CASE NUMBER: _____ DATE OF DEATH: _____ TIME OF DEATH: _____

DATE OF AUTOPSY: _____ TIME OF AUTOPSY: _____

TYPES OF SPECIMENS:

- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> BLOOD CVS | <input type="checkbox"/> VITREOUS | <input type="checkbox"/> CEREBROSPINAL FLUID |
| <input type="checkbox"/> BLOOD (SPECIFY) _____ | <input type="checkbox"/> LIVE | <input type="checkbox"/> BILE |
| <input type="checkbox"/> URINE | <input type="checkbox"/> KIDNEY | <input type="checkbox"/> BULLET |
| <input type="checkbox"/> GASTRIC CONTENTS | <input type="checkbox"/> BRAIN | <input type="checkbox"/> OTHER _____ |

All specimens are to be hand carried from person to person - signature required below

NAME	DATE	TIME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FATE OF SPECIMENS: _____