

**FEDERAL RAILROAD ADMINISTRATION
COLLECTION OF POST-MORTEM TOXICOLOGY SAMPLES
REQUIRED BY 49 CFR PART 219**

Samples taken will be tested as part of the Federal Railroad Administration's investigation to determine cause of the rail accident. Samples are being harvested in accordance with Federal law and consent is not required (49 CFR Part 219. 11 (f)). Collection instructions are included in the Fatality Box.

Specimen ID:
1001200

Railroad:	Date of Accident:																														
Deceased's Name (Print):	Date and Time Samples Taken:																														
Name and Address of Submitting Agency/Facility:																															
Telephone: ()																															
I certify that I collected the samples identified below under proper Custody and Control procedures and with accepted scientific standards of practice. Print Name Signature																															
Please Harvest all of the Samples Below If Possible (In Order of Priority to FRA): <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Whole Blood</td> <td style="width: 10%;">(20 mL)</td> <td style="width: 10%;">Yes ☐</td> <td style="width: 10%;">No ☐</td> <td style="width: 50%;">Source of Blood _____</td> </tr> <tr> <td>Urine</td> <td>(60 mL)</td> <td>Yes ☐</td> <td>No ☐</td> <td></td> </tr> <tr> <td>Vitreous</td> <td>(All Available)</td> <td>Yes ☐</td> <td>No ☐</td> <td></td> </tr> <tr> <td>Liver</td> <td>(50 gr)</td> <td>Yes ☐</td> <td>No ☐</td> <td></td> </tr> <tr> <td>Brain</td> <td>(50 gr)</td> <td>Yes ☐</td> <td>No ☐</td> <td></td> </tr> <tr> <td>Kidney</td> <td>(50 gr)</td> <td>Yes ☐</td> <td>No ☐</td> <td></td> </tr> </table>		Whole Blood	(20 mL)	Yes ☐	No ☐	Source of Blood _____	Urine	(60 mL)	Yes ☐	No ☐		Vitreous	(All Available)	Yes ☐	No ☐		Liver	(50 gr)	Yes ☐	No ☐		Brain	(50 gr)	Yes ☐	No ☐		Kidney	(50 gr)	Yes ☐	No ☐	
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Optional Samples (If Two or More of the Above Samples are Not Available): Bile, Spleen, Lung Yes ☐ Specify _____																															
Other Samples of Interest if Vitreous or Urine are Not Available: Spinal Fluid (All Available) Yes ☐ Gastric Contents (60 mL) Yes ☐																															
Samples Released to (Courier Service):	Received at FRA Laboratory by:																														
Were there any signs of decomposition: ? Yes ☐ No ☐ If yes, please explain _____ _____ _____																															
Additional Remarks: _____ _____ _____																															

Public reporting burden for this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is **2130-0526**. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave., N.W., Washington D.C. 20590.

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* <u>WHOLE BLOOD</u> NAME OF DECEASED: _____ 1001200	* <u>WHOLE BLOOD</u> NAME OF DECEASED: _____ 1001200
* <u>URINE</u> NAME OF DECEASED: _____ 1001200	* <u>VITREOUS HUMOR</u> NAME OF DECEASED: _____ 1001200
* <u>LIVER</u> NAME OF DECEASED: _____ 1001200	* <u>KIDNEY</u> NAME OF DECEASED: _____ 1001200
* <u>BRAIN</u> NAME OF DECEASED: _____ 1001200	OTHER _____ NAME OF DECEASED: _____ 1001200
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