

**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)).

Specimen ID: \_\_\_\_\_

|                                 |                                     |
|---------------------------------|-------------------------------------|
| <b>Railroad:</b>                | <b>Date of Accident:</b>            |
| <b>Deceased's Name (Print):</b> | <b>Date and Time Samples Taken:</b> |

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**

**Collection Instructions Are Included in the Fatality Box**

**Please Harvest all of the Samples Below If Possible (In Order of Priority to FRA):**

|             |                 |                              |                             |                       |
|-------------|-----------------|------------------------------|-----------------------------|-----------------------|
| Whole Blood | (20 mL)         | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Source of Blood _____ |
| Urine       | (60 mL)         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                       |
| Vitreous    | (All Available) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                       |
| Liver       | (50 gr)         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                       |
| Brain       | (50 gr)         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                       |
| Kidney      | (50 gr)         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                       |

**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

|  |                                       |
|--|---------------------------------------|
| <b>Samples Released to (Courier Service) :</b> | <b>Received at FRA Laboratory by:</b> |
|--|---------------------------------------|

**Were there any signs of decomposition:?**      Yes       No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

**Additional Remarks:** \_\_\_\_\_

\_\_\_\_\_