OCME USE ONLY

Case Number: _____

CENTRAL DISTRICT:
400 E. Jackson St.
Richmond, Virginia 23219-3694
(804) 786-3174
FAX (804) 371-8595

WESTERN DISTRICT:
6600 Northside High School Road
Roanoke, Virginia 24019
(540) 561-6615
FAX (540) 561-6619

COMMONWEALTH of VIRGINIA

Department of Health
Office of the Chief Medical Examiner
400 E. Jackson St.
Richmond, VA 23219-3694

TIDEWATER DISTRICT:
830 Southampton Ave., Suite 100
Norfolk, Virginia 23510
(757) 683-8366
FAX (757) 683-2589

NORTHERN VA. DISTRICT:
10850 Pyramid Place, Suite 121
Manassas, Virginia 20110-2228
703-530-2600
FAX (703) 530-0510

TOXICOLOGY DATA SHEET FOR LOCAL MEDICAL EXAMINER EXTERNAL EXAMINATIONS

Decedent's Information: Name of Decedent: _____

Date of Birth: _____ Age: _____ Race: _____ Sex: _____

Date of Exam: _____ Police Jurisdiction: _____

Cause of Death: _____

Manner of Death: _____

Specimens Submitted: ☐ Vitreous ☐ Urine ☐ Blood (specify site) _____

☐ Hospital (specify type): _____

☐ Other (specify): _____

Was the decedent embalmed prior to collection of specimen? ☐ Yes ☐ No Decomposed? ☐ Yes ☐ No

Traffic Fatality: ☐ Yes ☐ No Specify: ☐ Driver ☐ Occupant ☐ Pedestrian

Brief Case History: _____

_____

_____

_____

_____

If delayed death due to drug overdose or if probable natural death but drug tests are needed, specify suspected drugs:

_____

_____

_____

_____ _____ _____

Date Print Name of LME Signature of LME