

ACCIDENT INFORMATION AND CHAIN OF CUSTODY

**U.S. Department of Transportation, Federal Aviation Administration
Civil Aerospace Medical Institute (CAMI), 6500 S MacArthur Blvd., Oklahoma City, OK 73169**

Phone: 405-954-6254 Fax: 405-954-3705

E-mail: 9-AMC-AAM600-SPECIMENS@faa.gov

Website for additional information and copies of this form: <http://www.faa.gov/go/toxlab>

1. Victim Name: _____ Birth Date: _____ Sex: M F
2. Accident Date: _____ Time: _____ Location: _____
3. Accident Type: Aviation Highway Marine Rail Other _____
4. Fire: Yes No Unknown
5. Victim Role: Pilot Co-Pilot Passenger Other _____
6. Other Information: _____

Medical Examiner/Coroner Information

7. Medical Examiner Case No: _____
8. Autopsy By: _____ Phone: _____
9. Does Medical Examiner/Coroner want an electronic copy of the final case report? Yes No
10. Medical Examiner/Coroner e-Mail Address _____

External Specimen Chain of Custody

*Whenever specimens are transferred from one person or location to another, please fill out the lines below

*Fed-Ex carrier does not sign for receipt, or for release, of the TOX-BOX.

Released By	Date	Time	Received By
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Place all specimens in the black plastic bag, seal the bag with evidence tape, and place bag along with this form in the TOX-BOX.
- If preferred this form can be sent to: 9-AMC-AAM600-SPECIMENS@faa.gov

-----**For CAMI Use Only**-----

Was the plastic bag sealed upon receipt? Yes No Inspected By: _____

Received in CAMI Accessioning: _____
Received by Date Time

Comments: _____ CAMI CASE#: _____