

c. Eyes:

- i) Pupils:
- ii) Conjunctivae:

d. Is there evidence of the following? (please tick):

- i) Cyanosis
- ii) Anemia
- iii) Jaundice
- iv) Staining of skin / clothing
- v) Pigmentation of skin (mention color)
- vi) Peculiar odor (mention nature of odor)

e. Brief description of clinical manifestations that the patient suffered from /is suffering from, with particular reference to abdominal pain, vomiting, diarrhea, vertigo, convulsions, etc:

f. Summary of investigations done (with the results):

g. Is any particular drug /toxin suspected? If so kindly specify.

14. Indicate the exact nature of analysis required along with details of samples being sent

(please consult the List of Analytical Tests furnished by this department):

15. Date and Time of Collection & Despatch of Samples:

Please Note: Analysis will be carried out based on the information provided. Therefore please provide maximum information possible when submitting samples for analysis. This will help narrow down the incriminating agent with better precision.