

**GOVERNMENT OF MEGHALAYA  
HEALTH & FAMILY WELFARE DEPARTMENT**

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**SPECIMEN/ITEMS HANDED OVER TO THE INVESTIGATING OFFICER**

This is to certify that the following specimens have been handed over to

\_\_\_\_\_ of \_\_\_\_\_

collected during Postmortem examination conducted on \_\_\_\_\_ on the dead body of

(Late) \_\_\_\_\_

Age \_\_\_\_\_ yrs, Sex: Male/ Female, S/ W/ D/ H of \_\_\_\_\_

R/o \_\_\_\_\_

\_\_\_\_\_

as per case Reference No: \_\_\_\_\_

P.M.R No. \_\_\_\_\_ Date \_\_\_\_\_

**1. SPECIMENS/ITEMS PRESERVED AND HANDED OVER TO INVESTIGATING OFFICER:**

- |   |   |
|---|---|
| (a) Stomach and its contents  | (b) Small intestine and its contents (about 30 cm.) |
| (c) Liver with GB (about 500 gms)   | (d) Spleen.   |
| (e) Kidneys (half of each)  | (f) Sample of blood.                                |
| (g) Sample of urine.  | (h) Sample of hair.                                 |
| (i) Preservative used: Saturated solution of common salt/Rectified Spirit/Formalin. |   |
| (j) Any other:  |   |

**2. OTHER INVESTIGATION REQUIRED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of receiving officer:

Name:

Designation:

Signature of Medical Officer

Name:

Designation:

Seal: