

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

FORM FOR DESPATCHING VISCERA/BODY FLUIDS FOR CHEMICAL EXAMINATION

From

The

To,

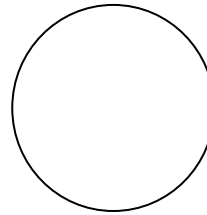
**The Director,
Forensic Science Laboratory
Shillong**

Description of viscera forwarded for examination _____

Mode of Packing

Seal

Weight of Parcel



Mode of Despatch,
Escorting Police,

Date of Despatch

Date of receipt in chemical
examination office

Information furnished by Police,

Ref: _____

Case No: _____

Name: _____ Age _____ Sex _____

Address: _____

Case History: _____

Signature of Medical Officer:

Name:

Date: