BOARD OF MEDICOLEGAL INVESTIGATIONS

OFFICE OF THE CHIEF MEDICAL EXAMINER

Central Office
921 N.E. 23rd St
Oklahoma City, OK 73105
(405) 239-7141 Phone - (405) 239-2430 Fax

Eastern Division
1115 West 17th Street
Tulsa, Oklahoma 74107
(918) 295-3400 Phone - (918) 585-1549 Fax

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Re _____ Co _____

I hereby certify that this is a true and correct copy of the original document. Valid only when copy bears imprint of the office seal.

By _____

Date _____

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT First-Middle-Last Names (Please avoid use of initials)	Age	Birth Date	Race	Sex
JOHN MARION GRANT	60	4/12/1961	BLACK	M

HOME ADDRESS - No. - Street, City, State
1301 NORTH WEST STREET, MCALESTER, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS)				DATE	TIME
JAMES HUNTER - AGENT IN CHARGE - OFFICE OF INSPECTOR GENERAL				10/28/2021	15:30
INJURED OR BECAME ILL AT (ADDRESS)	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
1301 NORTH WEST STREET	MCALESTER	PITTSBURG	PENAL INSTITUTION	10/28/2021	Unknown
LOCATION OF DEATH	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
1301 NORTH WEST STREET	MCALESTER	PITTSBURG	PENAL INSTITUTION	10/28/2021	16:21
BODY VIEWED BY MEDICAL EXAMINER	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
1115 WEST 17TH STREET	TULSA	TULSA	AUTOPSY SUITE	10/29/2021	9:20

TRANSPORTATION INJURY ☐ DRIVER ☐ PASSENGER ☐ PEDESTRIAN

TYPE OF VEHICLE: ☐ AUTOMOBILE ☐ LIGHT TRUCK ☐ HEAVY TRUCK ☐ BICYCLE ☐ MOTORCYCLE ☐ OTHER: _____

DESCRIPTION OF BODY	RIGOR	LIVOR	EXTERNAL OBSERVATION		NOSE	MOUTH	EARS
EXTERNAL PHYSICAL EXAMINATION	Jaw ☑ Complete ☑	Color PINK-PURPLE	Beard STUBBLE Hair GRY-WHT	BLOOD	☐	☐	☐
	Neck ☑ Absent ☐	Lateral ☐	Eyes: Color BROWN Mustache STUBBLE	OTHER	☐	☐	☐
	Arms ☑ Passing ☐	Posterior ☑	Opacities _____				
	Legs ☑ Passed ☐	Anterior ☐	Pupils: R 4 MM L 4 MM				
	Decomposed ☐	Regional _____	Body Length 70 IN Body Weight _____				

Significant observations and injury documentations - (Please use space below)
JUDICIAL EXECUTION BY LETHAL INJECTION

Probable Cause of Death:
JUDICIAL EXECUTION BY LETHAL INJECTION

Other significant conditions contributing to death (but not resulting in the underlying cause given)

Manner of Death:
Natural ☐ Accident ☐
Suicide ☐ Homicide ☑
Unknown ☐ Pending ☐
Not Assigned ☐

Case disposition:
Autopsy YES
Authorized by JEREMY SHELTON M.D.
Pathologist JEREMY SHELTON M.D.
Not a medical examiner case ☐

MEDICAL EXAMINER:
Name, and Address:

JEREMY SHELTON M.D.
1115 W 17th Street
Tulsa, OK 74107

I hereby state that, after receiving notice of the death described herein, I conducted an investigation as to the cause and manner of death, as required by law, and that the facts contained herein regarding such death are true and correct to the best of my knowledge.

Signature of Medical Examiner JEREMY SHELTON M.D.
Computer generated report

10/28/2021
Date Case Initiated

1/24/2022
Date Case Finalize

CME-1 (REV 7-19)

Case Number: 2107045

Board of Medicolegal Investigations
Office of the Chief Medical Examiner
1115 West 17th Street
Tulsa, Oklahoma 74107
(918) 295-3400 Phone
(918) 585-1549 Fax

CERTIFICATION
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By_____
Date_____

REPORT OF AUTOPSY

Decedent	Age	Birth Date	Race	Sex	Case No
JOHN MARION GRANT	**60**	**4/12/1961**	**BL**	**M**	**2107045**

ID By
FINGERPRINT COMPARISON

Authority for Autopsy
JEREMY SHELTON, M.D.

Present at Autopsy
SARAH CAMPBELL, GENA FLOYD, JEREMY SHELTON, M.D.

PATHOLOGICAL DIAGNOSIS

I. Judicial execution by lethal injection
- A. Right and left antecubital fossae venipuncture sites demonstrate intraluminal catheter placement
  - 1. Empty drug syringes and infusion equipment retained and submitted as evidence
- B. Midazolam (2200 ng/mL) present in femoral blood
- C. The presence of vecuronium bromide and potassium chloride cannot be reliably detected and/or quantitated by routine toxicological analysis

II. Congestion and cyanosis of the head and neck with bilateral ocular petechial hemorrhages

III. Pulmonary
- A. Heavy lungs (combined lung weight, 1390 grams) with edema, congestion, and mild emphysematous changes
- B. Tracheobronchial aspiration of gastric contents

IV. Hypertensive atherosclerotic cardiovascular disease
- A. Mild cardiomegaly (440 grams) with concentric left ventricular hypertrophy (1.5 cm), right atrioventricular dilatation, and histologically demonstrable myocyte hypertrophy
- B. Atherosclerotic coronary artery disease: 70-80% stenosis of left anterior descending artery; 20-30% stenosis of right coronary artery
- C. Aortic and cerebrovascular atherosclerosis

V. Low-grade cartilaginous neoplasm of left femur (6.5 cm in greatest dimension)

VI. Non-lethal injuries: abrasion of right elbow; intramuscular hemorrhage of tongue

VII. Remaining toxicology: alprazolam (less than 25 ng/mL) present in femoral blood consistent with reported history of recent administration

CAUSE OF DEATH: JUDICIAL EXECUTION BY LETHAL INJECTION

MANNER OF DEATH: HOMICIDE

The facts stated herein are true and correct to the best of my knowledge and belief.

JEREMY SHELTON, M.D. Pathologist | OCME Eastern Division Location of Autopsy | 10/29/2021 9:20 AM Date and Time of Autopsy

MEDICOLEGAL INVESTIGATION

CIRCUMSTANCES OF DEATH:
Received for autopsy examination is the body of a 60-year-old man who was pronounced deceased following judicial execution by lethal drug injection.

AUTHORIZATION:
The postmortem examination is performed under the authorization of the Office of the Chief Medical Examiner, Eastern Division, Tulsa, Oklahoma.

IDENTIFICATION:
The body is identified scientifically through fingerprint comparison.

POSTMORTEM EXAMINATION

The postmortem examination of John Marion Grant is performed at the Office of the Chief Medical Examiner, Eastern Division, Tulsa, Oklahoma. Blue seal #1806609 is removed on 10/28/2021 at 1912 hours and the body bag is opened. Percutaneous blood samples are obtained from the right and left femoral vasculature on 10/28/2021 at 1922 hours and 1926 hours, respectively. A cardiorespiratory rhythm tracing strip is photographed and packaged as evidence. The body bag is subsequently re-sealed with blue tag #0655661 on 10/28/2021 at 1951 hours.

Following overnight refrigeration, blue tag #0655661 is removed at 0920 hours on 10/29/2021 to reveal the body of a well-developed, well-nourished black adult male, weighing 222 pounds, measuring 70 inches in height, and appearing to be consistent with the stated age.

CLOTHING AND PERSONAL EFFECTS:
The decedent is clad in:

- Gray shirt
- Gray pants
- Gray underwear
- Black shoes

Personal effects include:

- Brown plastic eyeglasses

EXTERNAL EXAMINATION:
The temperature of the body is cool to the touch. Rigor mortis is fully developed. Blanching pink-purple livor mortis is evident over the posterior parts of the body, except in areas exposed to pressure, where it is absent.

The skin is of normal pliability and texture.

The head shows congestion and cyanosis. The scalp hair is gray-white, of a very short length, and shows frontal balding. The face shows gray-white stubble in a beard and mustache distribution. The irides are brown. There is edema of the right and left bulbar conjunctivae, and multiple petechial hemorrhages of the right and left bulbar and palpebral conjunctivae. The corneas are transparent. The pupils measure 4 mm, bilaterally, and show slight leukocoria. The left earlobe shows a healed piercing. The ears, nose, and

mouth are free of lesions. There is vomitus within the bilateral nares and oral cavity. The mouth is edentulous. The lingual frenulum, and the upper and lower orolabial frenulae, are intact. The oral mucosa is free of petechiae.

The neck is symmetrical and shows congestion and cyanosis. No increased mobility on manipulation is detected.

The chest is symmetrical. There are striae of the right and left upper lateral chest. The breasts are of normal adult male configuration with no palpable masses.

The abdomen is soft and free of distension. There is 0.5 x 0.4 cm soft brown papule of the left lower abdomen.

The back is symmetrical and unremarkable.

The external genitalia are of normal adult male conformation with no external lesions.

The extremities are symmetrical. There is a rounded 0.3 cm crusted tan-brown papule of the distal anterior left lower leg.

POSTMORTEM RADIOGRAPHY:
Postmortem radiography shows no evidence of acute fracture or retained radiopaque projectile. There is lobulated medullary lesion of the metaphyseal region of the distal left femur. The diaphragm appears elevated.

IDENTIFYING MARKS AND SCARS:
Tattoos:

- Mid lateral right upper arm: Monochromatic tattoo design with lettering, 6 x 5 cm

Scars:

- Distal anterior right upper arm: Transverse linear scar, 3 x 0.3 cm
- Distal medial right upper arm: Ovoid scar, 3 x 1 cm
- Proximal dorsal left forearm: Ovoid scar, 0.7 x 0.5 cm

EVIDENCE OF LETHAL INJECTION:
There is a pulse oximetry sensor on the right index finger. Electrodes with attached lead wires are seen on the right and left chest, and the left abdomen. Examination of right and left antecubital venipuncture sites is described below.

Right upper extremity:
There is a percutaneous catheter of the right antecubital fossa that is held in place with a transparent adhesive dressing and strips of medical tape. Attached to the catheter is a segment of tubing that displays red intraluminal fluid. There is a piece of yellow tape affixed to the external surface of the tubing.

With the percutaneous catheter still secured in place, dissection of the adjacent skin and subcutaneous fat demonstrates that the catheter is within the lumen of the right cephalic vein. There is scant hemorrhage of the subcutaneous adipose surrounding the venipuncture site.

Left upper extremity:
There is a percutaneous catheter of the left antecubital fossa that is held in place with a transparent adhesive dressing and strips of medical tape. Attached to the catheter is a segment of tubing that displays intraluminal foci of red fluid. There is a piece of green tape affixed to the external surface of the tubing.

With the percutaneous catheter still secured in place, dissection of the adjacent skin and subcutaneous fat demonstrates that the catheter is within the lumen of the left basilic vein. There is scant hemorrhage of the subcutaneous adipose surrounding the venipuncture site.

EVIDENCE SUBMITTED AT AUTOPSY:

- Cardiorespiratory tracing strip and bag
- Eyeglasses
- Right chest electrode and lead wire
- Left chest electrode and lead wire
- Left abdomen electrode and lead wire
- Pulse oximeter sensor
- Shirt
- Underwear
- Pants
- Shoes
- Fingernail swabs from right and left hands
- Swabs from oral cavity and rectum
- Hair from scalp, face, and pubic region
- Item #1 bag and its contents (listed below)
    - Plastic syringe, green label 1A, 250 mg midazolam
    - Plastic syringe, green label 2A, 250 mg midazolam
    - Plastic syringe, black label 3A, 60 mL heparin/saline
    - Plastic syringe, yellow label 4A, 50 mg vecuronium
    - Plastic syringe, yellow label 5A, 50 mg vecuronium
    - Plastic syringe, black label 6A, 60 mL heparin/saline
    - Plastic syringe, red label 7A, 120 mEq potassium chloride
    - Plastic syringe, red label 8A, 120 mEq potassium chloride
    - Plastic syringe, black label 9A, 250 mg 60 mL heparin/saline
- Item #2 bag and its contents (listed below)
    - 0.9% sodium chloride bag with attached tubing and green tape
- Item bag #3 and its contents (listed below)
    - 0.9% sodium chloride bag with attached tubing and yellow tape
    - Infusion manifold
- Item #4 bag and its contents (listed below)
    - Infusion manifold
- Left antecubital catheter with tubing and green tape
- Right antecubital catheter with tubing and yellow tape
- Blood DNA card

EVIDENCE OF RECENT INJURY:

I. BLUNT FORCE INJURIES
   A. Tongue, distal: intramuscular hemorrhage, 2.5 x 2.5 x 1 cm
   B. Right elbow: Red-brown abrasion, 1 x 1 cm

The above injuries are ordered for convenience, without regard to chronology. The above injuries, once stated, will not be repeated below.

INTERNAL EXAMINATION:

The body is opened by a "Y" shaped incision. The viscera of the thoracic and abdominal cavities occupy their normal sites. The serous surfaces are smooth and glistening. Each pleural cavity is moist. The peritoneal cavity is moist. The domes of the diaphragm are normally positioned. The margins of the liver and spleen are in proper relationship to their costal margins.

CARDIOVASCULAR SYSTEM:

The heart weighs 440 grams. The pericardium is smooth and contains 5 mL of serous fluid. The epicardial surface is smooth. There is a normal amount of epicardial fat. The external configuration of the heart is unremarkable. The right atrioventricular chambers are dilated and the left heart chambers are of normal size. The right ventricle is 0.2 cm thick, the left ventricle is 1.5 cm thick, and the interventricular septum is 1.5 cm thick. The endocardium and valve leaflets are smooth, thin, pliable, and unremarkable. The circumferences of the valves are as follows: tricuspid valve = 14 cm; pulmonic valve = 8.5 cm; mitral valve = 10.5 cm; and aortic valve = 7.5 cm. The coronary arteries have a normal distribution with a right predominance. The right and left coronary ostia are normal in patency. Multiple cross-sections of the coronary arteries display foci of atheromatous narrowing with up to 70-80% stenosis of the mid left anterior descending coronary artery and up to 20-30% stenosis of the mid right coronary artery. The myocardium is of the usual consistency, red-brown, and unremarkable.

The aorta is lined by tan-yellow endothelium with lipid streaks and uncomplicated atheromatous plaques, distally.

The venae cavae are unremarkable.

RESPIRATORY SYSTEM:

The tracheal mucosa is tan-pink-red, smooth, glistening, and congested. There is patchy vomitus within the airway extending to the bilateral mainstem bronchi at which point there is a transition to tan-white froth that extends into the intraparenchymal bronchi and bronchioles. The right lung weighs 690 grams and the left lung weighs 700 grams. The pleurae are smooth, delicate, glistening, and mottled with a trace amount of anthracotic pigment. The lungs are mildly distended and are variegate pink-purple in color. The lung tissue is red-pink, showing diffuse edema and congestion. The pulmonary arteries and veins exhibit no pathological change.

HEPATOBILIARY SYSTEM:

The liver weighs 1940 grams. The capsule is smooth and glistening. The external surface is glistening and red-brown. The parenchyma is of usual consistency and red-brown with the usual lobular architecture.

The gallbladder has a smooth mucosa and contains 5 mL of bile. The wall is thin and the mucosa is red-brown, velvety, and bile-stained. No stones are present.

HEMOLYMPHATIC SYSTEM:

The spleen weighs 150 grams and is of usual consistency. The capsule is intact and smooth. The internal parenchyma is red-brown and free of lesion.

There are no enlarged lymph nodes identified.

GASTROINTESTINAL SYSTEM:
The esophagus is patent and shows smooth tan-pink mucosa with multiple petechial hemorrhages of the upper esophagus. The stomach contains 300 mL of tan-brown fluid with admixed apparent food fragments. The stomach mucosa shows the usual rugal folds and patchy red-pink mucosal congestion. The remainder of the gastrointestinal system is unremarkable. The appendix is identified and is unremarkable.

PANCREAS:
The pancreas is normally lobulated. The parenchyma is soft, red-pink, and congested.

GENITOURINARY SYSTEM:
The kidneys are in the usual position and without malformation. The right kidney weighs 160 grams and the left kidney weighs 180 grams. The capsules strip easily, revealing smooth and glistening cortical surfaces with scattered irregular depressed scars. There is a 1.5 x 1.5 x 1.2 cm left renal cortical cyst. The cortico-medullary junctions are well-defined with cortices that measure 0.5 cm in thickness. The medullae are unremarkable. The calyceal and collection systems are unremarkable. The ureters, renal arteries, and veins are unremarkable.

The bladder contains 45 mL of clear yellow urine. The mucosa is pink-tan and unremarkable. The ureteral orifices are patent.

The prostate weighs 90 grams. The tissue of the prostate is lobulated, tan, and rubbery. The seminal vesicles are normal in appearance. Bilateral periprostatic phleboliths are present.

The testes are both present within the scrotal sac. The parenchyma is unremarkable.

ADRENAL GLANDS:
Both adrenals are of the usual size and shape. The right adrenal gland weighs 5.5 grams and the left adrenal gland weighs 6 grams. The glands fragment with gentle manipulation and display cut surfaces with a thin yellow cortex and brown-gray medulla.

MUSCULOSKELETAL SYSTEM:
The distal left femur is bisected to reveal a 6.5 x 2 x 1.5 cm variegate intramedullary lesion showing firm tan-gray lobular areas intermixed with red-brown palpably soft areas and apparent foci of early endosteal cortical erosion. The remaining axial and appendicular skeleton shows no abnormalities. The exposed musculature is unremarkable.

NECK:
The soft tissues of the neck, thyroid and cricoid cartilages, and hyoid bone are unremarkable. The larynx shows smooth tan mucosa with multiple petechial hemorrhages. The larynx is free of obstruction and shows scant intraluminal vomitus. The thyroid gland is enlarged, weighing 80 grams. The thyoid glandular parenchyma is red-brown and homogeneous. The neck is examined at the conclusion of the autopsy, after the blood has drained and the tissues are dry. Anterior neck strap muscle dissection reveals no muscular injury. Dissection of the posterior neck and upper back musculature reveals congestion of the bilateral deep thoracic paraspinal muscles without evidence of focal injury. The cervical spine is intact.

CENTRAL NERVOUS SYSTEM:
The scalp is reflected from mastoid process to mastoid process, revealing no subgaleal hemorrhages. The calvarium is intact. The dura is white. There is no evidence of epidural or subdural hemorrhages. The brain weighs 1350 grams. The convexities of the cerebral hemispheres are symmetrical and show minimal swelling. The leptomeninges are thin and transparent. The subarachnoid space does not contain any hemorrhage. The gyri occupy their usual position and the sulci exhibit a normal depth. There is no evidence of subfalcial, uncal, or cerebellar tonsillar herniation present. The major cerebral arteries show no patchy non-occlusive atheromata. The roots of the cranial nerves are unremarkable. Serial coronal sections through the cerebral hemispheres show a grossly normal cortical ribbon and underlying white matter. The basal ganglia and diencephalon show no gross abnormalities. Serial cross sections through the brainstem and sagittal sections through the cerebellum fail to show any gross lesions or abnormalities. The ventricular system is symmetrical and of normal size and configuration. After removal of the brain and dura, the base of the skull does not demonstrate any fractures. The pituitary gland is unremarkable.

MICROSCOPIC EXAMINATION

Microscopic description:

- Left antecubital fossa venipuncture site: There is an apparent focal epidermal defect and extravasated erythrocytes seen in the underlying dermis and perivascular subcutaneous soft tissue. Rare amorphous acellular translucent refractile and polarizable debris is present in the dermis.
- Right antecubital fossa venipuncture site: There are extravasated erythrocytes in the dermis and perivascular subcutaneous soft tissue.
- Trachea: There is mild mucosal edema with focal mucosal and submucosal erythrocyte extravasation.
- Kidneys: There are occasional scattered globally sclerosed glomeruli, patchy foci of interstitial chronic inflammation, arterial / arteriolar hyperplastic changes, and perivascular foci of erythrocyte extravasation.
- Adrenal glands: No significant histopathologic changes.
- Pancreas: Autolytic change without evidence of significant histopathology.
- Lungs: Occasional alveolar spaces demonstrate filling with pale pink homogenous acellular material. There are intra-alveolar macrophage clusters, scattered bacterial colonies without an accompanying inflammatory infiltrate, and mild enlargement of subpleural alveoli. There is interstitial vascular congestion with patchy carbonaceous pigment deposition. No significant polarizable debris is appreciated.
- Heart: The myocardium demonstrates scattered cardiac myocytes with mild hypertrophic changes. Coronary arterial cross sections show marked luminal narrowing by atheromatous plaque without evidence of plaque rupture, thrombosis, or occlusion.
- Liver: Portal triads show minimal expansion with a lymphoid infiltrate. There is macrovesicular steatosis of a small sub-population of hepatocytes (less than 10%). Sinusoidal congestion is present.
- Spleen: No significant histopathologic changes.
- Brain: There is patchy mineralization of the choroid plexus and subpial corpora amylacea deposition. A superficial artery demonstrates atheromatous luminal narrowing without plaque rupture, thrombosis, or occlusion.
- Thyroid gland: No significant histopathologic changes.
- Tongue: There is erythrocyte extravasation showing dissection of the musculature.
- Left thoracic paraspinal musculature: There is interstitial extravasation of erythrocytes.

- Distal left femur: There is a tumor comprised of multiple interwoven islands of cartilage showing low to moderate overall cellularity with foci of calcification and osseous encasement. Chondrocytes show occasional foci of clustering, mild atypia, and occasional binucleate forms. The background marrow shows small osseous and chondro-osseous elements, amphophilic chondroid matrix, extravasated erythrocytes, and adipose.

Cassette list:

1. Skin and vascular subcutaneous soft tissue, left antecubital fossa venipuncture site
2. Skin and vascular subcutaneous soft tissue, right antecubital fossa venipuncture site
3. Trachea, mid portion
4. Right kidney and right adrenal gland
5. Left kidney and left adrenal gland
6. Pancreas; right upper lung lobe
7. Right middle lung lobe; heart, left ventricular myocardium
8. Right lower lung lobe; heart, interventricular septal myocardium
9. Left upper lung lobe; heart, right ventricular myocardium
10. Left lower lung lobe; left anterior descending coronary artery
11. Spleen; liver
12. Brain, left temporal lobe
13. Thyroid gland; tongue
14. Left thoracic paraspinal musculature
15. Distal left femur
16. Distal left femur

MICROBIOLOGY

- Nasopharyngeal swab, coronavirus (COVID-19) assay: SARS-CoV-2 not detected
- Nasopharyngeal swab, respiratory pathogen panel: Pathogen not detected

TOXICOLOGY

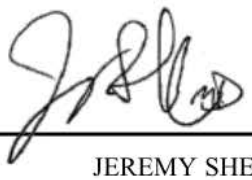
Representative samples obtained for toxicological examination include the following: right and left ventricular heart blood, right and left femoral blood, right and left subclavian blood, vitreous humor, urine, liver tissue, brain tissue, gastric contents, bile, and psoas muscle. See separate toxicology report for further description.

OPINION

John Marion Grant, a 60-year-old male, died as a result of judicial execution by lethal injection.

MANNER OF DEATH: HOMICIDE

The opinion as to the cause and manner of death is based on the information available at the date of this report. If additional objective, probative information becomes available, I reserve the right to consider such information, and if appropriate, amend the report, including the cause and manner of death.



JEREMY SHELTON, M.D.

BOARD OF MEDICOLEGAL INVESTIGATIONS

OFFICE OF THE CHIEF MEDICAL EXAMINER

921 N.E. 23rd St
Oklahoma City, OK 73105

REPORT OF LABORATORY ANALYSIS

OFFICE USE ONLY

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By _____

Date _____

ME CASE NUMBER: 2107045

LABORATORY NUMBER: 215451

DECEDENT'S NAME: JOHN MARION GRANT

DATE RECEIVED: 11/1/2021

MATERIAL SUBMITTED: BLOOD, VITREOUS, URINE, LIVER, BRAIN, GASTRIC, BILE, MUSCLE

HOLD STATUS: 5 YEARS

SUBMITTED BY: SARAH CAMPBELL

MEDICAL EXAMINER: JEREMY SHELTON M.D.

NOTES:

ETHYL ALCOHOL:

Blood: Not Performed

Vitreous:

Other:

CARBON MONOXIDE

Blood:

TESTS PERFORMED:

ALKALINE DRUG SCREEN - (Heart Blood)
BENZODIAZEPINES BY LCMS - (Heart Blood)
EIA - (Femoral Blood) - Amphetamine, Methamphetamine, Fentanyl, Cocaine, Opiates, PCP, Barbiturates, Benzodiazepines
(The EIA panel does not detect Oxycodone, Methadone, or Clonazepam)

RESULTS:

ALPRAZOLAM
POSITIVE - (Less than 25 ng/mL) - (Femoral Blood)

MIDAZOLAM
2200 ng/mL - (Femoral Blood)

Jesse M. Kemp PhD

01/06/2022
DATE

JESSE KEMP, Ph.D., D-ABFT-FT, Chief Forensic Toxicologist