*Krufningarnúmer / Autopsy number*

*Fullt nafn / Full name*

*Kennitala / Social security number*

*Dánardægur / Date of death.*  *Fannst látin(n) / found dead.* Veldu dagsetningu/Choose date

*Heimilisfang / Address*

*Lögregluembætti / Police district*

*Málsnúmer lögreglu / Police case number*

|  |
| --- |
| Upplýsingar um aðdraganda andláts, töku lyfja, rotnun o.fl. sem talið er skipta máli / Information concerning cause of death, drug intake, decomposition etc. that may be of importance |

SÝNI / SAMPLES

Blóð- og þvagsýni skulu vera minnst 20 ml. Sýni úr lifur eða heila skulu vera minnst 25 g. /

Blood and urine samples should be at least 20 ml. Samples from liver and brain should be at least 25 g.

|  |  |  |
| --- | --- | --- |
| *Þvag / Urine* | *Hjartablóð / Heart blood* | *Magainnihald / Stomach content* |
| *Útæðablóð / Femoral blood* | *Lifur / Liver* | *Gall / Bile* |
| *Annað / Other* Nánari lýsing / Describe | | |

MÆLINGAR / ANALYSIS

|  |  |
| --- | --- |
| *Etanól / Ethanol* | *Lyfjaleit / Drug screening* |
| *Leit að algengum ávana- og fíkniefnum / Screening for common drugs of abuse* | |
| *Annað / Other* Nánari lýsing / Describe | |

|  |  |
| --- | --- |
| Dagsetning / Date | Veldu dagsetningu / Choose date |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | | |
| Réttarlæknir /Forensic pathologist | Læknanr. /Number | | | | Undirskrift / Signature |  |