

N. B.—(Blood from the body of the above named $\frac{\text{was}}{\text{was not}}$ collected by me for chemical examination).

Dated20 . (Signature)
 Designation.

Signature/Thumb-impression of the person examined.
 Marks of identification of the person examined in case he refuses to give his signature or thumb-impression.

FORM 'B'
 [See rule 4 (2)]

No.

From
 (Name , designation and address of the registered medical practitioner.)
 To,
 (Name , designation and address of the Testing Officer.)

Dated20 .

Sir,

I, forward herewith by post/with Shri*
 of a phial bearing serial No.
 containing c. c. o. venous blood collected by me on.
 ata.m./p.m. of who was
 produced before me for medical examination †and/or collection of blood from his/her
 body ‡ by and request
 you to test the blood and issue a certificate (in duplicate) regarding the result of the test.

Yours faithfully,

Signature and designation of the registered medical practioner.

Facsimile of the seal or monogram used for sealing the phial containing the blood.

* Here specify the name, designation and address of the messenger with whom the phial containing the blood is forwarded for delivery to the Testing Officer.
 † Strike off, if these words are not required.
 ‡ Here state the name and designation of the officer by whom the said person was produced for collection of blood.