

ORANGE COUNTY SHERIFF-CORONER
2700 S. Bristol Street
Santa Ana, CA 92704

Michael S. Carona, Sheriff-Coroner

Autopsy Record

DECEDENT: WALKER, JAMES TITUS AKA: ALEXANDER II, Jesse James; DOB:	CASE NUMBER 01-02481-AO
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RESIDENCE: [REDACTED]
CITY: Lake Elsinore **STATE:** CA 92530
AGE: 22 Yrs **DOB:** 05/08/1978 **SEX:** Male **RACE:** Black

PLACE OF DEATH Mission Hospital Regional Medical Center
ADDRESS: 27700 Medical Center Road
CITY: Mission Viejo **STATE:** CA **ZIP CODE** 92691

DATE OF DEATH: 04/13/2001 **TIME OF DEATH:** 14:52
CAUSE OF DEATH: Multiple gunshot wounds

OTHER CONDITIONS: None

AUTOPSY DATE: 04/14/2001 **AUTOPSY TIME:** 11:50

PLACE OF AUTOPSY: Sheriff-Coroner Forensic Science Center
1071 W. Santa Ana Blvd.
Santa Ana, CA 92703

AUTOPSY ATTENDANCE: B. Page, OCCO; L. Trejo, OCCO; C. Heye, OCSD; O. Lazo, OCSD; R. Fukumoto, OCCO; R. Christensen, OCDA; F. Villalobos, OCSD

DATE D. C. ISSUED: 04/15/2001
DATE AMENDED: 08/24/2001

CLASSIFICATION: Homicide



Joseph I. Cohen, M.D.
Forensic Pathologist

08-26-01

ORANGE COUNTY SHERIFF-CORONER
1071 W. Santa Ana Blvd.
Santa Ana, CA 92703

Michael S. Carona, Sheriff-Coroner

Autopsy Record

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DATE OF DEATH:

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CAUSE OF DEATH:

PENDING (SHERIFF-REVIEW)

OTHER CONDITIONS:

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Sheriff-Coroner Forensic Science Center
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DATE D. C. ISSUED:

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CLASSIFICATION: Pending

DATE AMENDED:

Joseph I. Cohen, M.D.

Forensic Pathologist

05-22-01

**ORANGE COUNTY SHERIFF-CORONER
AUTOPSY RECORD**

WALKER, JAMES TITUS

01-02481-AO

DIAGNOSES

- I. Gunshot wounds to right back (four) with:
 - A. Perforations of right lung and ribs
 - B. Hemothorax, right
 - C. Status post thoracotomies, bilateral
 - D. Status post thoracostomies, bilateral
- II. Gunshot wound to lumbar back, with:
 - A. Subcutaneous and intramuscular hemorrhage
- III. Gunshot wounds (two) to right buttock, with:
 - A. Perforations of penis and scrotum
- IV. Gunshot wounds (two) to posterior right thigh, with:
 - A. Subcutaneous and intramuscular hemorrhage
- V. Gunshot wound, right ankle, with:
 - A. Perforation of distal tibia
- VI. Gunshot wound to left scalp, with:
 - A. Subgaleal hemorrhage
 - B. Subarachnoid hemorrhage, focal
- VII. Graze wound, left occipital scalp
- VIII. Graze wound, left upper back
- IX. Graze wound, left buttock
- X. Graze, left knee, with:
 - A. Perforation of patella
- XI. Abrasions of left hand

CAUSE OF DEATH: Multiple gunshot wounds to torso

I hereby certify that I, Joseph I. Cohen, M.D., Chief Forensic Pathologist of Riverside County Sheriff-Coroner, have performed an autopsy on the body of James Walker, on the 14th day of April, 2001, commencing at 11:50 a.m., in the Orange County Sheriff-Coroner's office. This autopsy was witnessed by Curtis Heye, Omar Lazo, Dr. Richard Fukumoto, and F. Villalobos of the Orange County Sheriff-Coroner Department, and Rick Christensen of the Orange County District Attorney's office.

CLINICAL SUMMARY: The decedent, James Walker, is a 23 year old Black man who was a bank robbery suspect, shot by law enforcement personnel. He sustained multiple gunshot wounds to the body and arrived at Mission Hospital Regional Medical Center during the early afternoon hours of April 13, 2001. Mr. Walker underwent exploratory laparotomy and bilateral thoracotomies, with a right pneumonectomy. He was pronounced at 1452 hours on April 13, 2001.



Joseph I. Cohen, M.D., Forensic Pathologist

**ORANGE COUNTY SHERIFF-CORONER
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EXTERNAL EXAMINATION: The body is of a well developed, well nourished, 70 inch, 174 lb., brown skin man, whose appearance is consistent with the given age of 23 years. The scalp hair is markedly short and dark. The irides are brown and the conjunctivae are free of petechiae, jaundice, and hemorrhage. The oral cavity has natural teeth in good condition. The nose and ears are unremarkable. Oximeter devices are on each ear, and there is clear tape over each eye. There is a blood-tinged bandage wrapped around the head. Endotracheal and orogastric tubes are in place through the right side of the mouth, taped to the face. A neck collar is received with the body. Injuries to the head are described below.

Electrocardiograph pads are on both shoulders. There are bilateral horizontally situated thoracotomy incisions just beneath the level of the nipples. The right thoracotomy is sutured, and the left thoracotomy is stapled. There are two thoracostomy tubes in place, through the left side of the chest, below the thoracotomy, and there is a thoracostomy tube in place below the right thoracotomy on the right side of the chest. There is evidence of a recent laparotomy, extending from the xiphoid region to the mid-lower pelvic area. The laparotomy incision is open, with mesh material stapled and sutured to the margins. Injuries to the torso are described below.

Intravascular catheters are in place through both femoral regions, and on the distal arms just above the antecubital regions. The left elbow is wrapped and splinted with a bandage. There are tattoos on the left shoulder and proximal left forearm.

There are tattoos on the lateral aspect of the right arm and proximal right forearm. Tattoos are on both sides of the upper chest.

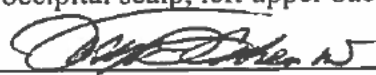
A Foley catheter is in place. There is a bandage wrapped around the left knee, covering an injury which is described below. A nondescript scar is on the mid-left shin. There is no edema of the extremities. The fingernails are of short-to-moderate length, with focal accumulations of dirt, except for the right thumb nail, which is long. There are no scars on the wrists. Superficial abrasions of the left hand are described below.

CLOTHING: There is no clothing on the body at the time of the examination.

POSTMORTEM CHANGES: Rigor mortis is barely perceptible in the upper extremities and moderate in the lower extremities. There is no visible putrefaction of the body.

INJURIES, EXTERNAL AND INTERNAL: There are 15 gunshot wounds to the body, including four gunshot wounds to the right back, a gunshot wound to the lumbar back, two gunshot wounds to the right buttock, two gunshot wounds to the posterior right thigh, a gunshot wound to the right ankle, gunshot wound to the left scalp, and graze wounds to the left occipital scalp, left upper back, left

04/24/01:a:po


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ORANGE COUNTY SHERIFF-CORONER AUTOPSY RECORD

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buttock, and left knee. The wounds are numbered for descriptive purposes only; no sequence is implied. Directions of travel are stated with the body in the normal anatomic position.

WOUNDS 1, 2, 3, AND 4: Wounds #1 through 4 will be described together, due to the close proximity of the wounds and inability to separate the wound tracks with certainty. Gunshot wound #1 is a 1/4 inch oval defect with a 1/4 inch margin of abrasion on the inferolateral aspect of the perforation, 15-1/2 inches below the top of the head and 6 inches to the right of midline. Wound #2 is a 3/16 inch circular/oval defect with a 1/8 inch margin of abrasion on the inferolateral aspect of the defect, 19 inches below the top of the head and 7 inches to the right of midline. Gunshot wound #3 is a 1/8 inch circular defect with a 1/2 inch margin of abrasion on the inferior aspect, 20-3/4 inches below the top of the head and 6-1/4 inches to the right of midline. Wound #4 is a 1/8 inch circular perforation with a 3/8 inch irregular margin of abrasion on the inferior aspect, 23-1/2 inches below the top of the head and 6 inches to the right of midline.

Wounds 1, 2, 3, and 4 are on the lateral aspect of the mid-right back area. There is conspicuous subcutaneous and intramuscular hemorrhage associated with all of the wound tracks. Wounds #1 and 3 pass back-to-front, upward and right-to-left toward the midline. One or both of these wounds perforated the posterior aspects of right ribs 5 through 8, causing comminuted fractures of those ribs. Similarly, one or both of the wounds caused injury to the right lung. The right lung is received separate from the body, within a formalin-filled container. Three portions of lung are identified, weighing 370 gm in aggregate. Approximately 750 cc of serosanguineous liquid is in the right pleural cavity. Portions of the segments are pulpified and other areas are sutured, due to recent surgery. There is multifocal hemorrhage, mostly associated with the pulpified areas. The right parietal pleura has hemorrhage associated with the fractures of the right ribs. A large caliber jacketed bullet and small caliber jacket are recovered from the intramuscular tissue of the mid-upper back.

Wounds #2 and 4 represent projectiles that pass back-to-front and sharply upward. Shotgun pellets (two), measuring approximately 1/4 inch diameter, are recovered from the right axillary region. One is recovered from the anterior region and one from the posterior axilla. Wounds #2 and 4 did not enter the chest cavity.

WOUND 5: There is a 1/8 inch circular perforation with a barely perceptible margin of abrasion on the lumbar back, 29 inches below the top of the head and 1/2 inch to the left of midline. An approximately 1/4 inch shotgun pellet is recovered from the deep intramuscular tissue of the lumbar back. There is subcutaneous and intramuscular hemorrhage associated with the injury. The direction of travel is back-to-front.



ORANGE COUNTY SHERIFF-CORONER AUTOPSY RECORD

WALKER, JAMES TITUS

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WOUNDS 6 and 7: Wounds #6 and 7 are injuries to the medial aspect of the right buttock. Wound 6 is a 1/8 inch circular perforation with a 1/16 inch circular margin of abrasion, 34 inches below the top of the head and 2 inches to the right of midline. Wound 7 is a 1/8 inch circular perforation with a 1/16 inch circumferential margin of abrasion, 35-1/2 inches below the top of the head and 1-3/4 inches to the right of midline. Both of the wounds pass back-to-front, exiting the front of the body within the genitalia. There are two 1/2 inch or less nondescript perforations of the ventral surface of the mid-penis and a 3/4 inch irregular defect with a barely perceptible margin of abrasion is on the anterior aspect of the scrotum. One of the wounds passed through the body with no recoverable bullet or fragments, and the other left a small caliber jacket without a core within the ventral surface of the penis. There is slight peritesticular hemorrhage within the left testicle.

WOUND 8: Wound #8 is a 1/8 inch circular/oval perforation with a 1/8 inch or less irregular margin of abrasion, 43-1/2 inches below the top of the head, on the mid-posterior right thigh. The projectile passed back-to-front, sharply upward, and slightly left-to-right, lodging within the right hip. The projectile caused subcutaneous and intramuscular hemorrhage. A shotgun pellet, measuring approximately 1/4 inch in diameter, is recovered from the right hip region.

WOUND 9: Wound #9 is a 3/16 inch circular perforation with a 1/4 inch margin of abrasion, greatest on the superomedial aspect of the defect, 45-1/2 inches below the top of the head. The wound is just below wound #8 on the posterior right thigh. The projectile passed sharply downward, slightly left-to-right, and slightly back-to-front, lodging within the right popliteal fossa. Recovered is a shotgun pellet, measuring approximately 1/4 inch in diameter. There is subcutaneous and intramuscular hemorrhage associated with the wound track.

WOUND 10: Wound #10 is a 1/8 inch circular perforation with a 1/16 inch margin of abrasion, 65 inches below the top of the head, on the lateral aspect of the right ankle, just behind the lateral malleolus. The projectile passed right-to-left prior to lodging within the distal tibia, causing a fracture. There is slight hemorrhage associated with the wound track. Recovered is a shotgun pellet measuring approximately 1/4 inch in diameter.

WOUND 11: Wound #11 represents a through-and-through wound to the left temporo-occipital scalp. The wound did not cause skull fractures; however, caused focal subarachnoid hemorrhage on the left cerebral convexity. There is moderate conspicuous subgaleal hemorrhage associated with the injury. The wound was previously stapled and sutured closed during therapeutic intervention. The wound measures 4-1/4 inches from the temporal region to the occipital scalp. There is a 3/4 inch intervening uninjured area, thereby separating the 4-1/4 inch wound into a 1-1/2 inch anterior/superior defect and a 2 inch inferior/posterior defect (these represent entrance and exit wounds with a 3/4 inch intervening area of normal scalp). The subarachnoid hemorrhage on the parieto-occipital region measures

ORANGE COUNTY SHERIFF-CORONER AUTOPSY RECORD

WALKER, JAMES TITUS

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approximately 3-1/2 inches. There is barely perceptible subdural hemorrhage over the left convexity. There is no epidural hemorrhage. The direction of travel cannot be ascertained with certainty.

WOUND 12: Wound #12 is a deep graze wound on the left occipital scalp, oriented vertically, 3 inches below the top of the head and 1-1/2 inch to the left of midline. The wound is stapled closed, due to previous therapeutic intervention. There is subgaleal hemorrhage associated with the graze wound. The direction of travel cannot be ascertained with certainty.

WOUND 13: Wound #13 on the left upper back is a superficial graze wound, exposing subcutaneous tissue. It measures 2 inches by 1/2 inch and is oriented from right superior to left inferior. The wound is 4-1/2 inches to the left of midline and 12 inches below the top of the head. The direction of travel cannot be ascertained with certainty.

WOUND 14: Wound #14 is a graze wound, exposing superficial subcutaneous tissue on the superolateral aspect of the left buttock, 31 inches below the top of the head. The wound measures 1-3/4 x 3/8 inch and is oriented from superolateral to inferomedial. The direction of travel cannot be ascertained with certainty.

WOUND 15: Wound #15 is a deep graze wound of the left knee, with perforation of the patella bone. The wound measures 3-3/4 x 2 inches in greatest dimension and is oriented from superomedial to inferolateral; however, it is primarily vertically oriented. There is hemorrhage associated with the wound track. The direction of travel cannot be ascertained with certainty.

There are several superficial abrasions and a superficial linear tear on the palm of the left hand. The abrasions measure 1/4 to 1 inch, and the superficial tear on the ulnar aspect of the palm measures approximately 1/2 inch. It is horizontally situated and is located close to the base of the little finger.

These injuries, having been described, will not be repeated.

INTERNAL EXAMINATION

BODY CAVITIES: The right pleural serosanguineous accumulation was noted above. There are no other body cavity accumulations. The surfaces are smooth and glistening.

HEAD: Injuries to the scalp were noted above. The subarachnoid hemorrhage on the left convexity of the brain was noted above. The 1175 gm brain is symmetrical and has normal gyri and sulci. Leptomeninges are smooth, delicate and transparent, and the leptomeningeal vessels are normal. The arteries at the base of the brain are free of atherosclerosis. The cranial nerves have normal



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ORANGE COUNTY SHERIFF-CORONER AUTOPSY RECORD

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distributions. The surfaces of the brain stem and cerebellum are unremarkable. The cortical gray matter, subcortical and deep white matter, deep gray nuclei, and ventricles are normal. The cerebrospinal fluid is clear. Horizontal sections of the brain stem and cerebellum are unremarkable.

NECK: The cervical vertebrae, hyoid, tracheal and laryngeal cartilages, and peritracheal soft tissues are normal. The upper airway is not obstructed.

CARDIOVASCULAR SYSTEM: The aorta and branches are free of atherosclerosis. The venae cavae and pulmonary arteries have no thrombus or embolus. The 350 gm heart has a normal distribution of patent, right-dominant coronary arteries. The myocardium is uniformly red-brown without hemorrhage, softening, or pallor. The left ventricular wall thickness measures 1.3 cm. The endocardial surfaces, heart valves, chordae tendineae, and papillary muscles are normal.

RESPIRATORY SYSTEM: The right lung in three received portions weighs 370 gm in aggregate, as mentioned above. The left lung weighs 380 gm. The left lung is slight-to-moderately atelectatic. The surfaces are smooth and glistening. The bronchi are not obstructed. The vessels have no thrombus or embolus. The parenchyma is soft and spongy and red and wet, without consolidation. The visualized portions of the right bronchi and vessels are unremarkable.

LIVER, GALLBLADDER, AND PANCREAS: The 1750 gm liver has a smooth intact capsule. The parenchyma is diffusely red-brown; the bile ducts are unremarkable. The gallbladder contains less than 10 cc of dark-green viscid bile without stones. The pancreas is uniformly tan-gray and has a normal lobular appearance.

HEMIC AND LYMPHATIC SYSTEMS: The 220 gm spleen has a smooth intact capsule. The parenchyma is red and wet and firm with distinct follicles. There are no lymph node enlargements. The thymus is atrophic. The bone marrow of the clavicles and ribs is unremarkable.

GENITOURINARY SYSTEM: The kidneys weigh 160 gm each. The cortices are slightly pale and smooth. The parenchyma is unremarkable, showing a well demarcated corticomedullary junction. The vessels are unremarkable. The calyces and pelves are empty, opening into ureters which maintain uniform caliber and open into an unremarkable bladder, containing a few drops of clear yellow urine. Testes are unremarkable except for the peritesticular hemorrhage surrounding the left testicle. The prostate is small, symmetrical, and has uniformly tan-gray cut surfaces.

DIGESTIVE SYSTEM: The esophagus is unremarkable. The stomach contains approximately 100 cc of greenish-brown liquid without particulate material. The small and large intestines and appendix are unremarkable.



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ENDOCRINE SYSTEM: The pituitary, in situ, is unremarkable. The thyroid and adrenals are normal.

MUSCULOSKELETAL SYSTEM: The musculature is well developed and normally distributed. There are no perforations or fractures of the skeleton other than those noted above.

TOXICOLOGY: The following specimens are submitted for possible toxicologic analysis: heart blood, brain, liver, gastric contents, urine, and vitreous.

Ballistics are submitted to Curtis Heye of the Orange County Sheriff's Department.

External and internal photographs, and radiographs are obtained during the examination.



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01-02481-A0

DOE, JOHN

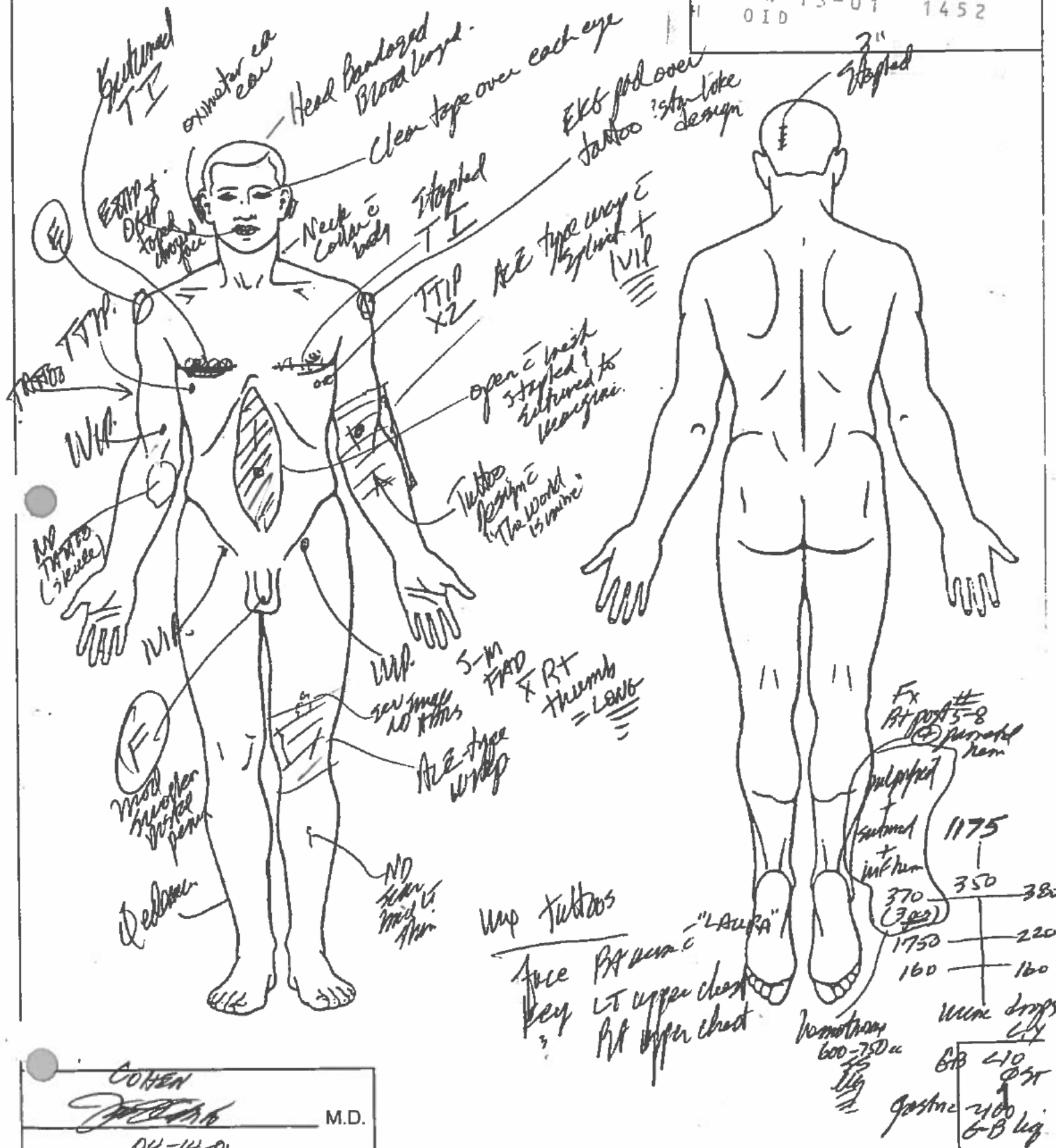
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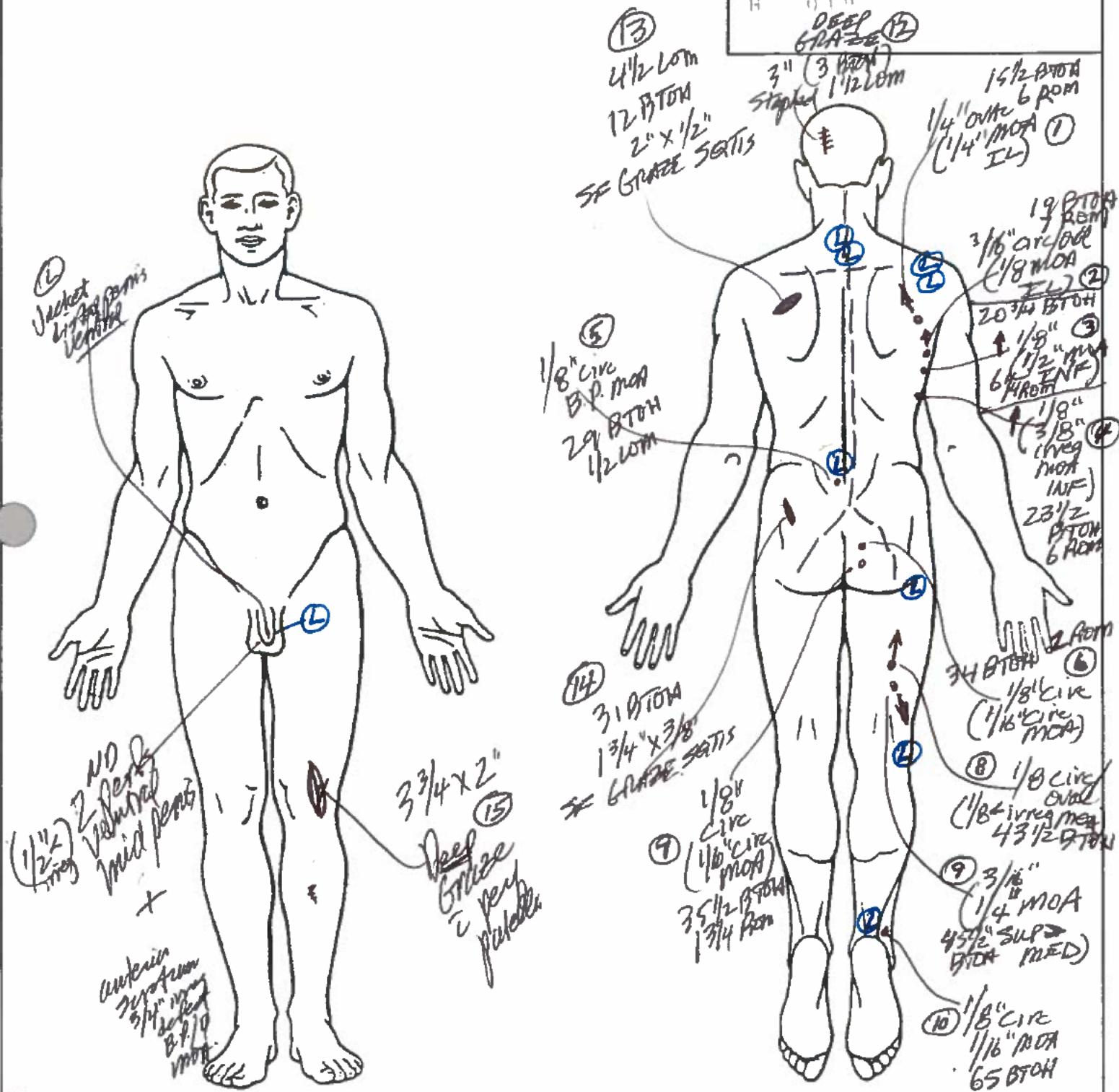
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M.D.

04-14-01

AUTOPSY RECORD

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Curtis: Nails 17mm

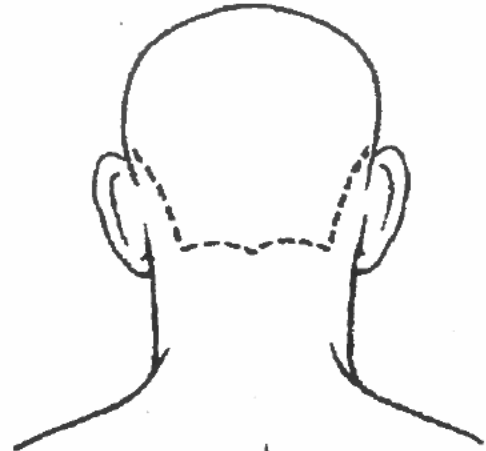
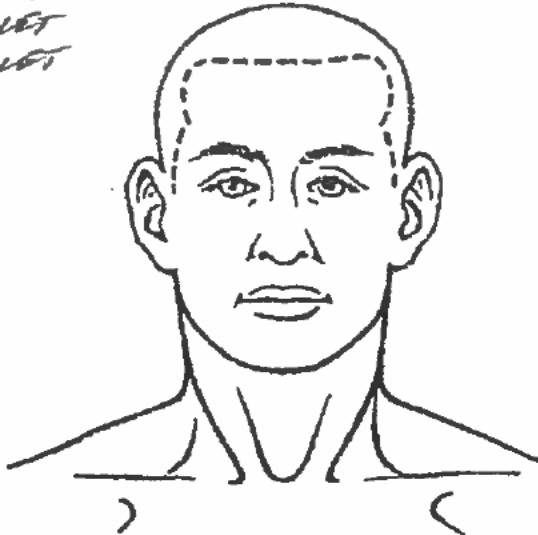
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BALLISTICS to Courtney

01-02481-A0
DOE, JOHN 30 mē
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8 PELLET
9 PELLET
10 PELLET

AUTOPSY RECORD



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DEEP scalp
IN 4
OUT
(56)

~3 1/2" focal
LT
Dietrich
occip
SAR

Q SDA/B.P.
Q DSA
Q Fx skull

1 1/2" DEFECT

4 1/4" TOTAL
STIPED
Suture

Normal
scalp
Intervenes
3 3/4"

2" DEFECT

COHEN

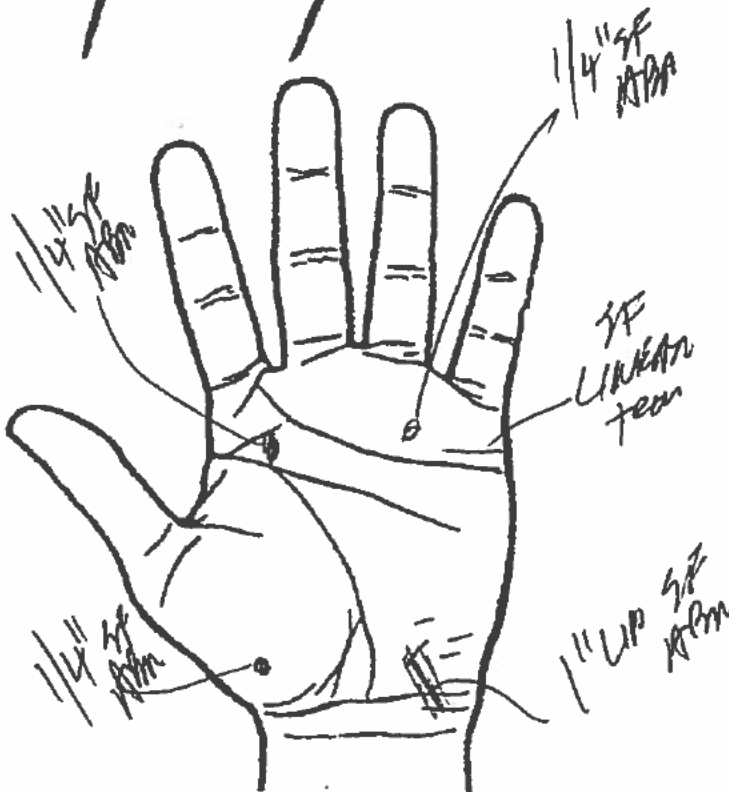
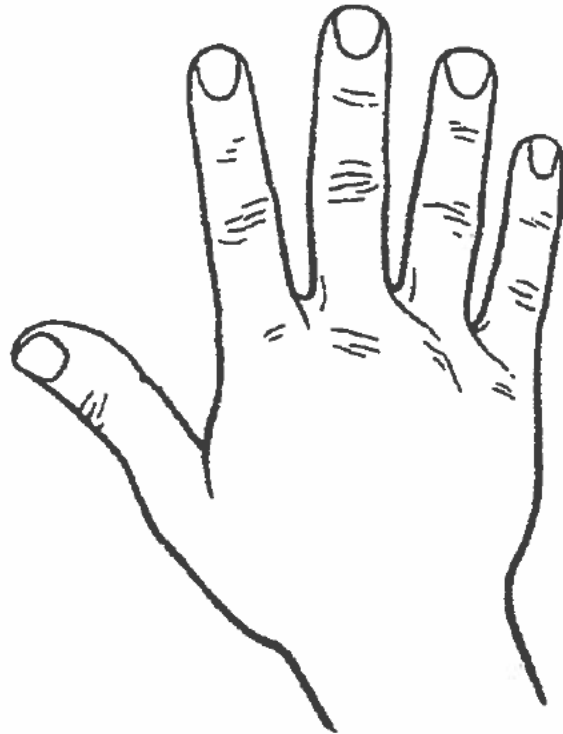
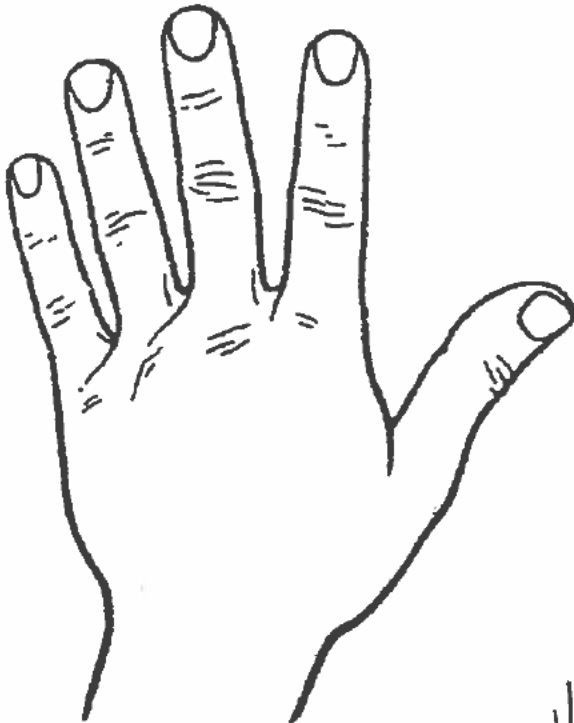
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M.D.

04-14-01

AUTOPSY RECORD

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DOE, JOHN 30 m
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COHEN

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M.D.

04-14-01

49

Orange County Sheriff-Coroner
Forensic Science Services / Toxicology Laboratory
Report of Toxicological Examination

FR NUMBER: 01-44650

CORONER CASE NUMBER: 01-2481AO

NAME OF DECEASED: WALKER, James

INVESTIGATOR: ABBOTT / COHEN

AGE: 22 **SEX:** Male

SPECIMENS SUBMITTED: ☒ Postmortem Blood ☐ Brain ☐ Stomach Contents ☐ Urine
☒ Antemortem Samples ☐ Liver ☐ Vitreous Humor ☐ Peripheral Blood
Other Specimens: None

BLOOD RECEIVED BY: Dalie
TISSUE RECEIVED BY:

FROM: Brown
FROM:

Page 1 of 1

Findings

Drug	Matrix	Method	Result	Anal	Anal
Lidocaine and metabolite	Postmortem Blood	GC/NPD-GC/MS	Detected	JFD	
Lidocaine	Postmortem Blood	GC/FID-GC/MS	Detected	LXW	

Analyses

Drug	Matrix	Method	Result	Anal	Anal
Ethanol/Volatiles	Postmortem Blood	Headspace/GC	None Detected	RJP	LXR
Cocaine Metabolite	Postmortem Blood	Immunoassay	Negative	JXW	
Phenethylamines	Postmortem Blood	Immunoassay	Negative	JXW	
Opiates	Postmortem Blood	Immunoassay	Negative	JXW	
Barbiturates	Postmortem Blood	Immunoassay	Negative	JXW	
Alkaline Drugs	Postmortem Blood	GC/NPD-GC/MS	See Findings	JFD	
Weak Acid & Neutral Drugs	Postmortem Blood	GC/FID-GC/MS	See Findings	LXW	
Acid/Neutral Drugs	Postmortem Blood	HPLC/UV	None Detected	RDB	
Ethanol/Volatiles	Antemortem Blood	Headspace/GC	None Detected	LXR	RJP

LIMS

TR

AR

Forensic Scientist:

DEGGENDORF

May 15, 2001

County of Orange, Health Care Agency, Public Health Laboratory
1729 W. Seventeenth Street, Santa Ana, CA 92706
Douglas F. Moore, Ph.D., Laboratory Director

323

PATIENT #: 01 02481 AO SEX: M AGE: 30 BIRTHDATE:

PATIENT NAME & ADDR: DOE JOHN

SHERIFF-CORONER
1071 W.SANTA ANA BLVD
ATTN: RICHARD L RODRIGUEZ
SANTA ANA, CA 92703

LAB NUMBER: 01.VS.02627
DATE TAKEN: 04/14/01
DATE RECV'D: 04/16/01
SPEC. SOURCE: Blood
SPEC. TYPE:

SUBMITTOR NUMBER 14

(FOLD LINE)

TESTS REQUESTED: HEPATITIS B SURFACE ANTIGEN HEPATITIS C ANTIBODY

RESULTS:

*****FINAL RESULTS*****

Final Date 04/17/01
HEPATITIS C ANTIBODY NOT DETECTED BY EIA

*****FINAL RESULTS*****

Final Date 04/18/01
HEPATITIS B SURFACE ANTIGEN NOT DETECTED BY EIA

mm

County of Orange, Health Care Agency, Public Health Laboratory
1729 W. Seventeenth Street, Santa Ana, CA 92706
Douglas F. Moore, Ph.D., Laboratory Director

309

PATIENT #: 01 02481 AO

SEX: M AGE: 30

BIRTHDATE:

PATIENT NAME & ADDR: DOE JOHN

SHERIFF-CORONER
1071 W.SANTA ANA BLVD
ATTN: RICHARD L RODRIGUEZ
SANTA ANA, CA 92703

LAB NUMBER: 01.VS.02627
DATE TAKEN: 04/14/01
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SPEC. SOURCE: Blood
SPEC. TYPE:

SUBMITTOR NUMBER

14

(FOLD LINE)

TESTS REQUESTED: HEPATITIS B SURFACE ANTIGEN HEPATITIS C ANTIBODY

RESULTS:

*****FINAL RESULTS*****

Final Date 04/17/01

HEPATITIS C ANTIBODY NOT DETECTED BY EIA

mm

RECEIVED BY CORONER
DIVISION

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