



CORONER/ME TOXICOLOGY SUBMISSION FORM

Montana Department of Justice
Forensic Science Division
2679 Palmer Street Missoula, MT 59808
Ph. 406-728-4970 Fax 406-549-1067 dojtox@mt.gov

LAB USE ONLY

Agency: _____
Coroner/Officer: _____
Address: _____
Phone #: _____

Agency Case#: _____
Offense: _____
Email - **REQUIRED**: _____
Additional copy of final
report emailed to: _____

Subject Information (please provide)

Name _____ Last First Middle	Male Female	Approx. Age	_____
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Autopsy performed : Yes No Autopsy # _____ Pathologist _____
 Death Certificate Pending Tox? Yes No If yes, why? _____
 Toxicology Testing Requested: Hold Screen Only Screen and Quant
 Justification for Testing _____
 Prescription drug list with inventory Rx dosage(s) and date(s) attached? Yes No

Case History:

LAB ITEM #:

Medications/Drugs:

SPECIMENS SUBMITTED (PLEASE SPECIFY)

Blood: Please label each tube of blood as to site drawn from, e.g. femoral, subclavian etc.
 Grey top Blood _____ Bile _____ Tissues: _____
 Red top Blood _____ Vitreous _____ Liver _____ Lung _____
 Urine _____ Gastric _____ Kidney _____ Brain _____
 Other _____
 Date Collected _____ Time Collected _____

Chain of Custody			
Received From	Received By	Date	Comments

The submitted evidence will be examined and analyzed in accordance with established laboratory sampling plans and capabilities, utilizing validated methods and instrumentation. Method deviations will be utilized as necessary. As needed, laboratory personnel will contact the submitting agency to clarify requests or obtain additional information to assist in analysis.