



# DUI/TOXICOLOGY SUBMISSION FORM

Montana Department of Justice  
Forensic Science Division  
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LAB USE ONLY

Agency: \_\_\_\_\_ Agency Case#: \_\_\_\_\_  
Detective/Officer: \_\_\_\_\_ Offense: \_\_\_\_\_  
Address: \_\_\_\_\_ Email - **REQUIRED**: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Additional copy of final  
report emailed to: \_\_\_\_\_

### Subject Information (please provide)

|                                 |                |                |       |
|---------------------------------|----------------|----------------|-------|
| Name _____<br>Last First Middle | Male<br>Female | Approx.<br>Age | _____ |
|---------------------------------|----------------|----------------|-------|

Date Collected \_\_\_\_\_ Time Collected \_\_\_\_\_ Sample Drawn By \_\_\_\_\_  
*(Physician, Nurse, Med. Tech)*

|  |  |             |
|--|--|-------------|
| <p><b>TRAFFIC RELATED</b><br/>(Check all that apply)</p> <p>DUI                  Driver<br/>Crash                Passenger<br/>Fatal                 Other _____</p> | <p><b>NON-TRAFFIC RELATED</b><br/>(Check all that apply)</p> <p>Homicide                  Suspect<br/>Unattended Death        Victim<br/>Other _____</p> | LAB ITEM #: |
|--|--|-------------|

|                            |              |   |   |                          |
|----------------------------|--------------|---|---|--------------------------|
| BREATH ANALYSIS PERFORMED? | PBT?         | Y | N | RESULTS 0. _____ gm/210L |
|                            | INTOXILIZER? | Y | N | RESULTS 0. _____ gm/210L |

Please list all drugs, medications, prescriptions, etc. (Specify drugs if known):

**SFST results:**

HGN \_\_\_\_/6  
W&T \_\_\_\_/8  
OLS \_\_\_\_/4

**DRE evaluation?**

YES  
NO

**DRE OFFICER:**

\_\_\_\_\_

| 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.