



# DRUG FACILITATED SEXUAL ASSAULT 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 Name and Information (please provide)

Name _____ Last First Middle	Victim Suspect	Male Female	Approx. Age _____
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Sample Taken by _____ Printed Name _____	Date Collected _____ Agency of Collector _____	Time Collected _____
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Case History & Time of Suspected Incident:

Medication(s) Prescribed:

Drug(s) Suspected:

Specimens Submitted (Please Specify): Grey Top Blood Urine	LAB ITEM #:
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Chain of Custody			
Received From	Received By	Date	Comments

### INTERNAL CHAIN OF CUSTODY AVAILABLE UPON REQUEST

**\*\*CUSTOMER AGREEMENT/CONTRACT\*\*** By submission of this form and the evidence, the submitting agency acknowledges that (1) the evidence will be examined and analyzed in accordance with established laboratory sampling plans and capabilities; utilizing validated methods, instrumentation, and deviations (when applicable); (2) laboratory reserves the right to outsource testing to external reference labs if it directly affects the final interpretation of the case; this may be based on requests from submitting agency, case history, and internal testing results; (3) laboratory reports will be formatted in accordance with the laboratory's policies and information not provided per accreditation requirements, will be retained and available upon request. This information is outlined on the DOJ FSD website under "Simplified Reports". As needed, laboratory personnel will contact the submitting agency to clarify requests or obtain additional information to assist in analysis.