



EVIDENCE SUBMISSION FORM

Montana Department of Justice
 Forensic Science Division Laboratory - East
 1516 4th Ave. North, Suite 1 Billings, MT 59101
 Ph. 406-255-1101 Fax 406-255-1120

LAB USE ONLY

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

Agency Case#: _____
 Offense/Offense Date: _____
 County of Offense: _____
 Email - **REQUIRED**: _____

Victim/Suspect/Subject Information (please provide FULL NAME)

Additional Resubmittal Lab Case # _____

Vic Sus Sub		Vic Sus Sub		Vic Sus Sub	
Vic Sus Sub		Vic Sus Sub		Vic Sus Sub	

**Relevant Case Synopsis/
 Additional Information**

Lab Item #	Agency Item #	Description of Evidence - REQUIRED	Requested Exam(s) - REQUIRED
			CHEMISTRY ONLY

Chain of Custody			
Received From	Received By	Date	Comments

Requested Exam Codes:

CHEM: Chemical Analysis

Clan Labs, Meth Labs and GSR analysis will need to be submitted to the Missoula Lab.

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 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.
 BILLINGS EVIDENCE SUBMISSION FORM. Revised September 16, 2020