



EVIDENCE SUBMISSION FORM

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

LAB USE ONLY

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

Agency Case#: _____
 Offense: _____
 Email - **REQUIRED**: _____
 Additional Resubmittal Lab Case # _____

Victim/Suspect/Subject Information (please provide)

Vic Sus Sub	_____ LP Cases Only DOB/SID: _____	Vic Sus Sub	_____ LP Cases Only DOB/SID: _____	Vic Sus Sub	_____ LP Cases Only DOB/SID: _____
Vic Sus Sub	_____ LP Cases Only DOB/SID: _____	Vic Sus Sub	_____ LP Cases Only DOB/SID: _____	Vic Sus Sub	_____ LP Cases Only DOB/SID: _____

**Relevant Case Synopsis/
 Additional Information**

For DNA submissions please provide a police report

Lab Item #	Agency Item #	Description of Evidence - REQUIRED	Requested Exam(s) - REQUIRED
			BIO* FA IMP CHEM FD GSR
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Chain of Custody				
Lab Item #	Received From	Received By	Date	Comments

Requested Exam Codes:

BIO: DNA, Serology
FA: Firearms, Tool Marks, SN Restoration, Distance, Fracture Match
IMP: Latent Prints, AFIS, Footwear
CHEM: Chemical Analysis
FD: Fire Debris, Ignitable Liquids
GSR: Gunshot Residue Kit

***DNA Consumption Letter Attached**
 Yes No

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.