



# EVIDENCE SUBMISSION FORM

Montana Department of Justice  
 Forensic Science Division Laboratory - East  
 1045 N 30th Street, Suite 226 Billings, MT 59101  
 Ph. 406-248-3386 Fax 406-245-1647

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		Vic Sus Sub	
Vic Sus Sub		Vic Sus Sub	

**Relevant Case Synopsis/  
 Additional Information**

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

Chain of Custody				
Lab Item #	Received From	Received By	Date	Comments

**Requested Exam Codes:**

**CHEM:** Chemical Analysis

**Fire Debris, Ignitable Liquids, Clan Labs, Meth Labs and GSR cases will need to be submitted to the Missoula Lab.**

*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.*