



REQUEST FOR TOXICOLOGY
ALCOHOL AND DRUG
ANALYSIS

Montana Department of Justice
Forensic Science Division
2679 Palmer Street
Missoula, MT 59808

FOR LAB USE ONLY

Submitting Officer (Please Print) Subject Name Last First MI
Agency Sex Race Approximate age
Address Date Collected Time Collected
City State Zip Sample Drawn By (Physician, Nurse, Med. Tech)
Agency Case No. Email
Agency Phone No.

Copy of final report to:

TRAFFIC RELATED (Check all that apply)
NON-TRAFFIC RELATED (Check all that apply)
DUI Driver Homicide Suspect
Crash Passenger Unattended Death Victim
Fatal Other Other Other

BREATH ANALYSIS PERFORMED? PBT? Y N RESULTS 0. gm/210L
INTOXILYZER? Y N RESULTS 0. gm/210L

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

Chain of Custody table with columns: Evidence Received From, Evidence Delivered To, Date, Comments

LABEL, DATE, SIGN AND SEAL ALL SPECIMENS AND INITIAL ALL SEALS

SFST results: HGN /6 W&T /8 OLS /4
DRE evaluation? Y N
DRE Officer:

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.