URINALYSIS TOXICOLOGY SUBMISSION FORM

Montana Department of Justice
Forensic Science Division
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LAB USE ONLY

Agency: _____ Agency Case#: _____
Probation/Parole Officer: _____ Offense: _____
Address: _____ Email - ***REQUIRED:*** _____
Phone #: _____ Additional copy of final report emailed to: _____

Subject Name or Reference Number (please provide)

Name _____ Last First Middle	Reference Number _____

Sample Taken by _____ Date Collected _____ Time Collected _____

Medication(s) Prescribed:

Drug(s) Suspected:

Screened POSITIVE for:

- ☐ THCCOOH
- ☐ METHAMPHETAMINE
- ☐ AMPHETAMINE
- ☐ COCAINE
- ☐ OPIATES
- ☐ ALCOHOL
- ☐ OTHER: _____

- ☐ Sample has not been screened
- ☐ Flushing suspected
- ☐ Adulteration suspected

LAB ITEM #:

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.*