



# DRUG ENDANGERED CHILD SUBMISSION FORM

Montana Department of Justice  
Forensic Science Division  
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LAB USE ONLY

Agency: \_\_\_\_\_  
Social Worker: \_\_\_\_\_  
Address: \_\_\_\_\_

Agency Case#: \_\_\_\_\_  
Email - **REQUIRED**: \_\_\_\_\_  
Phone #: \_\_\_\_\_

### Additional copy of report emailed to:

Agency: \_\_\_\_\_  
Social Worker: \_\_\_\_\_  
Address: \_\_\_\_\_

Email - **REQUIRED**: \_\_\_\_\_  
Phone #: \_\_\_\_\_

### Subject Information (please provide)

Name _____ Last First Middle	Male Female	Approx. Age	_____
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Case History:

Medications/Drugs:

Specimens Submitted (Please Specify)  
Urine Sample: \_\_\_\_\_ Hair: \_\_\_\_\_  
Date Collected: \_\_\_\_\_ Time Collected: \_\_\_\_\_  
Other: \_\_\_\_\_

LAB ITEM #:

Chain of Custody			
Received From	Received By	Date	Comments

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.