



**REQUEST FOR
TOXICOLOGY
URINALYSIS**

Montana Department of Justice
Forensic Science Division
2679 Palmer Street
Missoula, MT 59808
(406) 728-4970

FOR LAB USE ONLY

Probation/Parole Officer _____ Phone _____
Agency _____
Address _____

(Final report will be returned to the agency listed.)
Email _____

Subject Name or Reference Number _____ Agency Case No. _____
Sample Taken by _____ Date Collected _____ Time Collected _____

Medication(s) Prescribed _____

Drugs Suspected _____

Screened POSITIVE for:

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

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

Lab Use Only	Evidence Received From	Evidence Delivered To	Date	Transfer Purpose

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.

PLEASE LABEL, DATE, SIGN AND SEAL ALL SPECIMENS.