



REQUEST FOR TOXICOLOGY ANALYSIS

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

FOR LAB USE ONLY

Coroner/Submitting Officer _____ Agency Case # _____

Submitting Agency _____ Phone _____

Address _____ Email _____

City _____ State _____ Zip _____

Agency to which additional copy of reports should be sent:

Name _____ Address _____

Subject Name _____ DOB _____ Sex: M F Race _____

Autopsy performed: YES NO Autopsy # _____ Pathologist _____

Death Certificate Pending Tox? YES NO If yes, why? _____

Toxicology Testing Request (Circle Request): Hold Screen Only Screen and Quant

Justification for Testing _____

Prescription drug list with inventory/Rx dosage(s) & date(s) attached? YES NO

CASE HISTORY _____

MEDICATIONS/DRUGS _____

SPECIMENS SUBMITTED (PLEASE SPECIFY)

Blood: Please label each tube of blood as to site drawn from, e.g. femoral, subclavian etc.

Grey top Blood _____ Bile _____ Tissues: _____

Red top Blood _____ Vitreous _____ Liver _____ Lung _____

Urine _____ Gastric _____ Kidney _____ Brain _____

Other _____

Date Collected _____ Time Collected _____

Brief Description of Other Evidence Submitted (or use Request for Forensic Examination Form)

One item per line. Use additional forms as necessary.

Lab Use Only	Lab Use Only

LABEL, DATE, SIGN AND SEAL ALL SPECIMENS.

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.