REQUEST FOR 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 _____ D.O.B. _____ Sex _____ Race _____

Address _____ Date Collected _____ Time Collected _____

City _____ State _____ Zip _____ *(Report will be returned to this address)*

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

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.