



# URINALYSIS TOXICOLOGY SUBMISSION FORM

Montana Department of Justice  
Forensic Science Division  
2679 Palmer Street Missoula, MT 59808  
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LAB USE ONLY

Agency: \_\_\_\_\_  
Probation/Parole Officer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Agency Case#: \_\_\_\_\_  
Offense: \_\_\_\_\_  
Email - **REQUIRED**: \_\_\_\_\_  
Additional copy of final  
report emailed to: \_\_\_\_\_

### Subject Name or Reference Number (please provide)

Name _____ Last First Middle			Reference Number _____
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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

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.