Print Form

FOR LAB USE ONLY
LAB CASE NUMBER
SECTION

REQUEST FOR TOXICOLOGY URINALYSIS

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

Probation/Parole Officer _____ Phone _____

Agency _____

Address _____

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

E-mail _____

Subject Name or Reference Number _____ Agency Case No. _____

Sample Taken by _____ Date Collected _____ Time Collected _____

Medication(s) Prescribed _____

Drugs Suspected _____

Screened POSITIVE for:

- ☐ **THC**
- ☐ **METHAMPHETAMINE**
- ☐ **AMPHETAMINE**
- ☐ **COCAINE**
- ☐ **OPIATES**
- ☐ **ALCOHOL**
- ☐ **OTHER:** _____

☐ **Sample has not been screened. Please screen and confirm all positives.**

☐ **Flushing suspected** ☐ **Adulteration suspected**

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

PLEASE LABEL, DATE, SIGN AND SEAL ALL SPECIMENS
INITIAL ALL SEALS