

EVIDENCE HANDLING GUIDE

MAINE HEALTH AND ENVIRONMENTAL TESTING LABORATORY

FORENSIC CHEMISTRY SECTION



EVIDENCE UNIT HOURS OF OPERATION

Monday-Thursday 8:00am to 4:00pm

Friday 8:00am to 11:00pm

Evidence.HETLForensics@maine.gov

No submissions will be accepted outside of the above listed times without prior notice & approval



Appointments must be made with the HETL Forensic Chemistry Section prior to the submission or return of any Seized Drug or Toxicology evidence using the following link or by scanning the QR code below:

<https://outlook.office365.com/owa/calendar/ForensicTest@StateOfMaine.onmicrosoft.com/bookings/>



If evidence submission is urgent, please contact the Evidence Unit to make expedited arrangements.



All evidence will be received, managed and entered in the HETL LIMS database by HETL evidence staff.

HETL FORENSIC CHEMISTRY TESTING DISCIPLINES



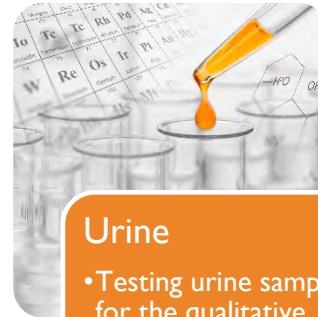
Seized Drugs

- Testing Seized Drugs for the presence of controlled substances



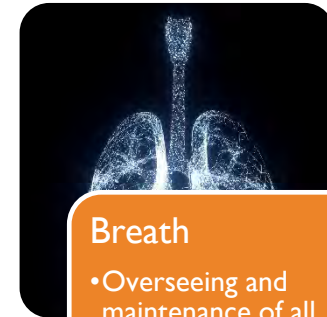
Blood

- Testing blood samples for the detection and quantitation of ethanol
- Testing blood samples for the detection and quantitation of drugs



Urine

- Testing urine samples for the qualitative detection of drugs



Breath


- Overseeing and maintenance of all breath alcohol testing instruments located in law enforcement agencies throughout Maine

RECEIPT/CONTRACT FOR EXAMINATION

- See example for all required information
- In section titled “Analysis Requested” reference highlighted section below the description box for analysis codes:
 - Blood-Alcohol = BLA
 - Blood-Drug = TOX
 - Urine-Drug = DRG
 - Seized Drug = CONF
- For Seized Drug evidence, the description should include an approximate quantity
- Strike through any errors with a single line & initials
 - NO WHITE OUT
 - NO SCRIBBLING

Blue = to be filled out upon submission of evidence

Red = filled out by HETL



Maine Center for Disease
Control and Prevention
An Office of the
Department of Health and Human Services

**MAINE HEALTH AND ENVIRONMENTAL TESTING LABORATORY
FORENSIC CHEMISTRY UNIT**
47 Independence Drive, SHS #12, Augusta, Maine 04330-0012
(207) 287- 1712

RECEIPT/CONTRACT FOR EXAMINATION

Laboratory Identification No.: _____

Investigating Agency: SUBMITTING AGENCY Agency Case#: UNIQUE TO AGENCY

Investigator/Contact Name: FIRST & LAST NAME Type of Offense: OUI, Drug Trafficking, etc.

Telephone No.: AGENCY PHONE NUMBER Subject(s)/DOB(s):
JOHN DOE 01/01/2030

Email: OFFICER'S OFFICIAL EMAIL *Please list any cosubjects here*

Forward Report to: AGENCY ADDRESS CC to: _____

Invoice to: _____ Note: Agency requesting other agencies be billed must have written authorization from the billed agency, except for OUI blood alcohol determination and DRE testing.

Item	Description	*Analysis Requested	SPW	SWI	SWOI	US
1	<u>20 TIED CLEAR PLASTIC BAGS CONTAINING WHITE MATERIAL FOUND ON SUSPECT A</u>					
2	<u>8 BLUE ZIPLOCK BAGS CONTAINING BROWN POWDER FOUND ON SUSPECT B</u>					

Check Off Condition of Evidence Submitted: Sealed with Initials=SWI Sealed without Initials=SWOI Unsealed=US

* Analysis: Blood Alcohol = BLA Blood Drug = TOX Urine = DRG Solid Dose Drugs = CONF
Blood kits will be tested for blood alcohol content unless noted otherwise.
Urine kits will be tested for drugs content unless noted otherwise.

RECEIVED FROM

☐ In Hand from: ☐ US Mail ☐ Tracking # _____

PLEASE PRINT FIRST AND LAST NAME
(PRINT SUBMITTERS NAME)

RECEIVED BY

Signature of FCS Rep _____ Date _____ Time of _____

Number of sealed and labeled containers received: _____ page _____

* This Receipt/Contract for Examination is to be returned to the investigating officer or agency as a review of examination sought by the customer and tender of the HETL regarding their request.
* Laboratory generated results may be included in DEA NFLIS reports, grant reports, or other similar customer reports. Confidentiality will be maintained. Agencies may reserve the right to omit data from these reports by notifying the laboratory.
* The laboratory will determine the most appropriate method of testing for the evidence submitted.
* The laboratory reserves the right to subcontract to another laboratory, if necessary.
* Any deviations from the contract will be noted in the laboratory report.

Evidence Receipt / Contract Form
Revised: 15Aug2022
FCS Document Form 130
Issued by: Forensic Lab Director

Please submit all three copies of this form along with the evidence to the HETL.

SOLID DOSE DRUG EVIDENCE (SDD)



ACCEPTABLE EVIDENCE PACKAGING

- Outer packaging containers
 - Evidence envelopes
 - Heat/adhesive sealed plastic bags
 - Plastic containers
- Tape/adhesive/heat seal all containers and initial across all non-factory seals
 - Ensure no gaps in the seal exist across the entire container
 - Use indelible ink (sharpie) whenever possible
 - DO NOT use staples for seals
- Outer packaging should contain applicable agency information and brief description of contents
- Outer packaging should be large enough to leave room for analyst access and resealing

SEIZED DRUG EVIDENCE – SEPARATION & LABELING

- Do NOT place drug evidence directly into the outer container – properly seal evidence in secondary inner containers first
- Package tablets/capsules in rigid containers to ensure evidence is not broken/crushed
- Ensure that liquid evidence is packaged in spillproof containers to prevent leakage
- Package glass and other potentially sharp evidence (needles, razors, etc.) in puncture resistant containers and label the outer packaging container “SHARPS”
- Damp/wet evidence should be dried before submission; if evidence cannot be dried, package in a spillproof container
- Evidence removed from body cavities must be labeled as a Biohazard on the outer packaging container
- If a presumptive field test was performed, do NOT submit the used field test kit
- HETL does NOT accept Marijuana
- Hypodermic needles are ONLY accepted if there is no other evidence in the submission & analysis is specifically requested by the prosecutor’s office

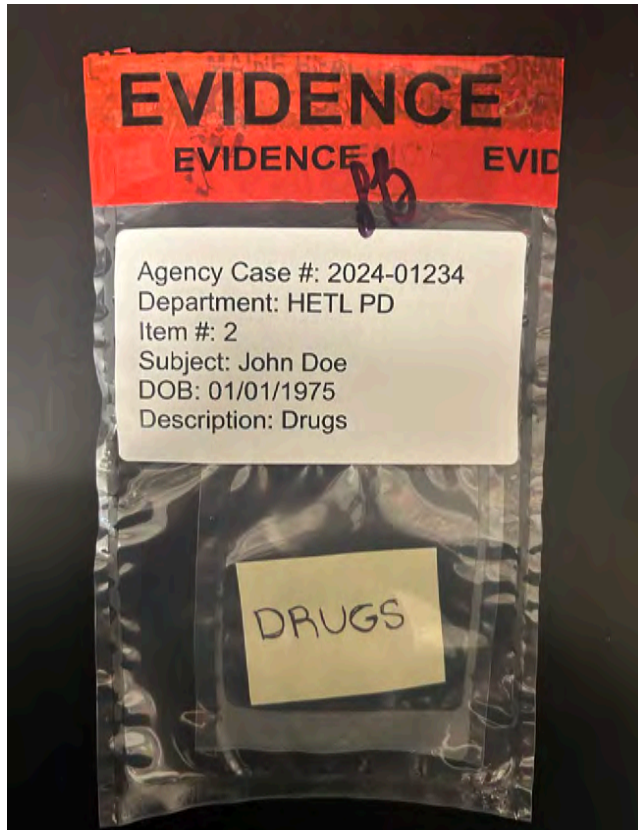
SEIZED DRUG EVIDENCE – SEPARATION & LABELING

- Collected evidence must be separated & packaged based upon suspect or location and visual similarity before all being packaged together in an outer container
- Example:
 - Suspect A has 2 baggies of white powder and 5 envelopes of tan powder
 - Suspect B has 4 baggies of pink powder
 - 13 round blue tablets found in center console of vehicle
- Package the 2 baggies of white powder from Suspect A
- Package the 5 envelopes of tan powder from Suspect A
 - Both packages from Suspect A may then be sealed together in a container – Item 1
- Package the 4 baggies of pink powder from Suspect B – Item 2
- Package the 13 round blue tablets from the center console – Item 3

SEIZED DRUG EVIDENCE – VISUAL

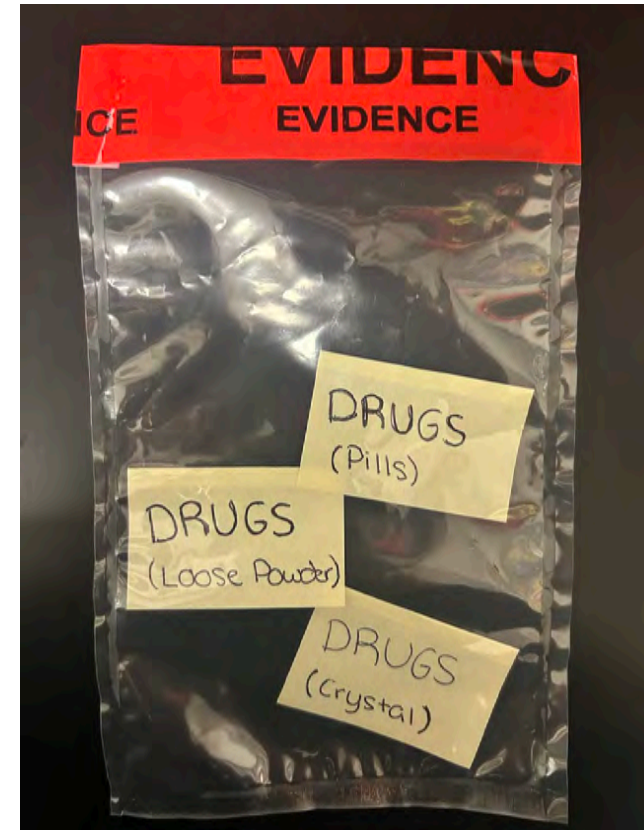
Proper Packaging

- Properly sealed secondary inner container(s)
- Complete seal with initials
- Agency case & item information included



Improper Packaging

- Single bag
- Seal not initialed
- Different material loose & commingled inside container
- No agency case or item information



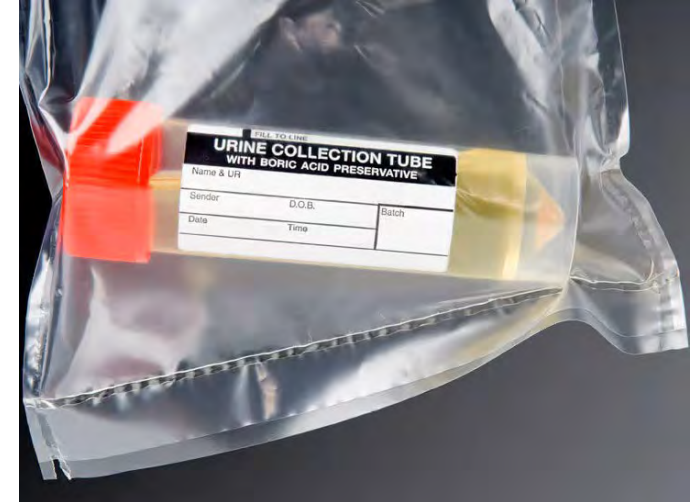
- **Prosecutors** must submit a “Case Activation Form” before testing on all seized drug cases can begin
- For rush requests of seized drug evidence, an “Expedited Analysis Request Form” must also be submitted
- Seized drug case turnaround times along with the ability to expedite analysis are based upon current unit staffing, available resources and are subject to change

[illegible]

Maine CDC HETL Forensic Chemistry Laboratory Expedited Analysis Request Form Seized Drug Section			47 Independence Drive 12 State House Station Augusta, ME 04333-0012 Tel: (207) 287-1712		
Case Contact Information:					
	Name	Phone	Email address		
Agency:					
DA's Office:					
Case Information:					
Agency Case Number:		Offense Date:			
HETL Case Number:		Case Type:			
Subject Name:					
Case Criterion:					
<input type="checkbox"/> Imminent Threat to Public Safety			<input type="checkbox"/> Impending Discovery Deadline:		
<input type="checkbox"/> Impending Trial Date:					
Desired due date for final report:					
Detailed Case Background or Additional Information: Include specific details to support expedited request. <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>					
PROSECUTOR SIGNATURE:					
Name (print)		Signature		Date	
HETL APPROVAL:					
Name (print)		Signature		Date	
Approved Due Date: 					
Expedited Analysis Request Form Authorized by: Forensic Lab Director Original issue date: April 26, 2024					
FCS Document Form: 208 Page 1 of 1 Revised Date:					

Expedited Analysis Form ↑

TOXICOLOGY EVIDENCE



TOXICOLOGY EVIDENCE – BLOOD ALCOHOL/DRUG ANALYSIS

- May be submitted via mail, drop-box, or in person
 - If submitted via mail – do NOT put case-identifying information on outside packaging (unless covered by business card)
- Must be sealed and initialed by investigating/submitting officer
- Indicate the analysis requested on the Laboratory Blood Analysis Request – Blood Alcohol (BLA) and/or Blood Drug (TOX)
- Provide case information on sample kit – agency case # and subject name
- Indicate whether the sample is related to a fatal/near fatal accident
- Hospital tubes are accepted with incident and collection information provided
- The Drug Facilitated Crime Laboratory Analysis Request must be filled out for all sexual assault related evidence



LABORATORY BLOOD ANALYSIS REQUEST

- This form is found within all HETL blood-testing kits
- Hospital tubes- this form needs to be submitted separately (available on website)
- All applicable information should be filled out


Important

Investigating Officer

Phlebotomist/
Blood Draw Tech.

DRE (if applicable)

Investigating Officer

 <p>State of Maine Department of Health & Human Services Health & Environmental Testing Laboratory Forensic Chemistry 221 State Street Augusta ME 04333 (207)287-1712</p>		<p>For Laboratory Use Only (Identification Number)</p>	
<p>Laboratory Blood Analysis Request</p>			
<p>Laboratory Examination Requested (required): <input checked="" type="checkbox"/> Alcohol <input checked="" type="checkbox"/> Drugs</p>		<p>Fatal/Near Fatal Accident: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>Subject's Name (Last, First): *BLOCK LETTERS</p>			
<p>N A M E , S U B J E C T</p>			
<p>Subject's DOB (mm/dd/yyyy): 00/00/0000</p>		<p>Incident Date (mm/dd/yyyy): 00/00/0000</p>	
<p>Incident City/County: CITY, COUNTY</p>		<p>Incident Time (2400): 0000</p>	
<p>Investigating Officer & Dept.: OFFICER FIRST NAME, LAST NAME</p>			
<p>Sample Collection Date (mm/dd/yyyy): 00/00/0000</p>		<p>Specimen Collection Time (2400): 0000</p>	
<p>Sample Collection City/County: CITY, COUNTY</p>			
<p>Specimen Collector Name (Last, First) (required): *BLOCK LETTERS</p>			
<p>N A M E , P H L E B O T O M I S T</p>			
<p>LET MY SIGNATURE STATE THAT I DREW BLOOD FROM THE ABOVE NAMED SUBJECT ON SAID DATE AND THAT I AM QUALIFIED TO DRAW A SPECIMEN OF BLOOD FOR THE PURPOSE OF DETERMINING BLOOD-ALCOHOL LEVEL OR DRUG CONCENTRATION IN ACCORDANCE WITH MRSA 29-A § 2524 AND THAT THE MATERIALS USED IN TAKING THE SAMPLE WERE OF A QUALITY APPROPRIATE FOR THE PURPOSE OF PRODUCING RELIABLE TEST RESULTS (MRSA 29-A § 2431).</p>			
<p><u>Phlebotomist Signature</u></p>		<p>00/00/0000</p>	
<p>Signature</p>		<p>Date (mm/dd/yyyy)</p>	
<p><small>MRSA 29-A § 2524. Administration of Tests: Persons qualified to draw blood for blood tests. Only a physician, registered physician's assistant, registered nurse, person whose occupational license or training allows that person to draw blood samples or a person certified by the Department of Health and Human Services may draw a specimen of blood for the purpose of determining the blood-alcohol level or drug concentration.</small></p>			
<p>DRE Information (if applicable):</p>			
<p>Evaluation Performed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>Name of DRE (Last, First): DRE LAST NAME, FIRST NAME</p>			
<p>DRE Agency: DRE'S AGENCY</p>			
<p><input checked="" type="checkbox"/> This sample is submitted by an active DRE, or <input type="checkbox"/> This sample is NOT submitted by an active DRE, however payment for processing will be billed to</p>			
<p>Name/Agency: Billing Address:</p>			
<p>Check suspected drug category supported by DRE evaluation: <input checked="" type="checkbox"/> CNS Depressants <input checked="" type="checkbox"/> CNS Stimulants <input checked="" type="checkbox"/> Hallucinogens <input checked="" type="checkbox"/> Dissociative Anesthetics <input checked="" type="checkbox"/> Narcotics <input checked="" type="checkbox"/> Inhalants <input checked="" type="checkbox"/> Cannabinoids</p>			
<p>List any specific drugs suspected, found and/or of interest: LIST OF DRUGS</p>			
<p>Check if applicable: <input type="checkbox"/> Do not consume sample</p>			
<p>Send Results to (mailing address):</p>		<p>Send Copy of Report to:</p>	
<p>OFFICER FIRST NAME LAST NAME</p>		<p>OFFICER FIRST NAME LAST NAME</p>	
<p>AGENCY</p>		<p>AGENCY</p>	
<p>MAILING ADDRESS</p>		<p>MAILING ADDRESS</p>	

DRUG FACILITATED CRIME LABORATORY ANALYSIS REQUEST (SA)

- This form is filled out on-site or before dropping off (available on website)
- Must be submitted with all sexual assault urine or blood specimens
- If victim asks to remain anonymous, please fill out name as "FNU", "LNU"

Important

Investigating Officer

Phlebotomist/
Blood Draw Tech.

Investigating Officer

Laboratory Staff-
DO NOT FILL

State of Maine Department of Health & Human Services Health & Environmental Testing Laboratory Forensic Chemistry 47 Independence Drive Augusta ME 04333 (207)287-1712		For Laboratory Use Only (Identification Number)	
Drug Facilitated Crime Laboratory Analysis Request			
Sample(s) Submitted for Testing:		<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Blood & Urine* *(place copy in each folder)	
Subject's Name (Last, First): *BLOCK LETTERS			
NAME SUBJECT			
Incident Date (mm/dd/yyyy): 00/00/000		Incident Time (2400): 0000	
Incident City/County: CITY, COUNTY			
Investigating Officer & Dept.: OFFICER FIRST, LAST NAME; SUBMITTING AGENCY			
Sample Collection Date (mm/dd/yyyy): 00/00/0000		Specimen Collection Time (2400): 0000	
Sample Collection City/County: CITY, COUNTY			
Specimen Collector Name (Last, First) (required): *BLOCK LETTERS			
NAME PHLEBOTOMIST			
LET MY SIGNATURE STATE THAT I DREW BLOOD FROM THE ABOVE NAMED SUBJECT ON SAID DATE AND THAT I AM QUALIFIED TO DRAW A SPECIMEN OF BLOOD FOR THE PURPOSE OF DETERMINING BLOOD-ALCOHOL LEVEL OR DRUG CONCENTRATION IN ACCORDANCE WITH MRSA 29-A § 2524 AND THAT THE MATERIALS USED IN TAKING THE SAMPLE WERE OF A QUALITY APPROPRIATE FOR THE PURPOSE OF PRODUCING RELIABLE TEST RESULTS (MRSA 29-A § 2431).			
Phlebotomist Signature		Date (mm/dd/yyyy): 00/00/0000	
Signature			
MRSA 29-A §2524. Administration of Tests: Persons qualified to draw blood for blood tests. Only a physician, registered physician's assistant, registered nurse, person whose occupational license or training allows that person to draw blood samples or a person certified by the Department of Health and Human Services may draw a specimen of blood for the purpose of determining the blood-alcohol level or drug concentration.			
MRSA 29-A, §2527. Rules regulating sample collection and testing procedures. Urine samples: A requirement that only a law enforcement officer or law enforcement agency employee of the same sex as the person providing the sample, or a health care practitioner, may observe the giving of a urine sample, and that it may be collected only within a law enforcement or health care facility.			
List any specific drugs suspected, found and/or of interest:			
Send Report to (mailing address):		Send Copy of Report to:	
OFFICER FIRST AND LAST NAME		OFFICER FIRST AND LAST NAME	
AGENCY		AGENCY	
MAILING ADDRESS		MAILING ADDRESS	
Information Below This Line Shall be Filled out by Laboratory Staff			
Record Any Associated Sample(s): (place copy of request in each folder)		Starlims #: <input type="checkbox"/> Blood <input type="checkbox"/> Urine	
		Starlims #: <input type="checkbox"/> Blood <input type="checkbox"/> Urine	
Has Contact Been made with Investigating Officer to Determine Course of Testing?		<input type="checkbox"/> Yes Initial: _____ Date: _____	
DO NOT PROCEED WITH TESTING UNTIL THIS SECTION IS COMPLETED			

TOXICOLOGY EVIDENCE – URINE DRUG ANALYSIS

- May be submitted via mail, drop-box, or in person
 - If submitted via mail – do NOT put case-identifying information on outside packaging (unless covered by business card)
- Must be sealed and initialed by investigating/submitting officer
- Can be submitted as a urine-kit (distributed from HETL) or a urine sample from a hospital
- Blood and Urine from the hospital CANNOT be submitted within the same container – SEPARATE BEFORE SUBMISSION



State of Maine
Department of Health & Human Services
Health & Environmental Testing Laboratory Forensic Chemistry
47 Independence Drive Augusta ME 04333
(207)287-1712
Laboratory Urine Drug Analysis Request

For Laboratory Use Only
(Identification Number)

If this urine sample is NOT submitted by an active DRE testing shall be billed to the submitting agency.

MRS Title 29-A, §2527. Rules regulating sample collection and testing procedures. Urine samples: A requirement that only a law enforcement officer or law enforcement agency employee of the same sex as the person providing the sample, or a health care practitioner, may observe the giving of a urine sample, and that it may be collected only within a law enforcement or health care facility.

Subject Name: FIRST NAME, LAST NAME Subject DOB: 00/00/0000

Incident Date: 00/00/0000 Incident Time: 0000 Incident City: CITY; COUNTY

Specimen Collection Date: 00/00/0000 Collection Time: 0000

Specimen Collection City: CITY; COUNTY Investigating Officer: FIRST NAME, LAST NAME

Check if applicable: ☐ Do not consume sample

DRE's Name: FIRST NAME, LAST NAME DRE's Agency: AGENCY NAME

Check suspected drug category supported by DRE evaluation (if applicable):

☒ CNS Depressants ☒ CNS Stimulants ☒ Hallucinogens ☒ Dissociative Anesthetics ☒ Narcotics ☒ Inhalants
☒ Cannabinoids

Health & Environmental Testing Laboratory has a standard OUI urine drug testing panel that may not contain all impairing substances/drugs of abuse.

List any specific drugs suspected, found and/or of interest:

CHECK OFF OR LIST SUSPECTED MEDICATION/ILLCIT DRUG USED HERE

Send Report to (mailing address):	Send Copy of Report to (if applicable):
<u>FIRST NAME, LAST NAME</u>	
<u>AGENCY</u>	
<u>MAILING ADDRESS</u>	

LABORATORY DRUG ANALYSIS REQUEST

- This form can be found in all HETL Urine Analysis Testing Kits
- When submitting a urine analysis cup (from a hospital), this form will not be provided.
- All information on this form should be filled out by the case-associated DRE or Investigating Officer.
- If suspected drug is not listed on form, please make a note of any other drugs found or admittedly used by the suspect.

TOXICOLOGY EVIDENCE – VISUAL

Proper Packaging

- Properly sealed box
- Complete seal with initials
- Agency case & item information included



Improper Packaging

- Improperly sealed box
- Seal not initialed
- No agency case or item information included





DURING/AFTER ANALYSIS

- Notify the lab ASAP if a case has been pled, dismissed, etc. – analysis will be stopped
- All toxicology samples will be destroyed six months from the analysis completion date
 - If samples need to be held longer than six months, please notify the laboratory when submitted
- All seized drug evidence must be picked up from HETL once analysis is completed
- Seized drug evidence will be stored at the laboratory for up to one year
 - If analysis is not requested after one year, it will be returned to the submitting agency

THANK YOU!

Website:

<https://www.maine.gov/dhhs/mecdc/public-health-systems/health-and-environmental-testing/forensic.htm>

Address:

Health and Environmental Testing
Laboratory – Greenlaw Building, 2nd Floor
47 Independence Drive,
Augusta, ME, 04330

Email:

evidence.hetlforensics@maine.gov

