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

Laboratory Blood Analysis Request

For Laboratory Use Only
(Identification Number)

Laboratory Examination Requested (required): ☐ **Alcohol** ☐ **Drugs** Fatal/Near Fatal Crash: ☐ YES ☐ NO

Subject's Name (Last, First): *BLOCK LETTERS

Subject DOB (mm/dd/yyyy):

Incident Date (mm/dd/yyyy): | Incident Time (2400):

Incident City/County:

Investigating Officer & Dept.:

Sample Collection Date (mm/dd/yyyy): | Specimen Collection Time (2400):

Sample Collection City/County:

Specimen Collector Name (Last, First) (required): *BLOCK LETTERS

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).

Signature | Date (mm/dd/yyyy)

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.

DRE Information (if applicable):

Name of DRE (Last, First):

DRE Agency:

Check suspected drug category supported by DRE evaluation:
☐ CNS Depressants ☐ CNS Stimulants ☐ Hallucinogens ☐ Dissociative Anesthetics ☐ Narcotics ☐ Inhalants
☐ Cannabinoids

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

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

Check if applicable: ☐ Do not consume sample

Send Report to (mailing address):	Send Copy of Report to: