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

Toxicology Evidence Submission Form

FCS Case Number Label
(Lab Use Only)

Investigating Agency		
Agency Name (if applicable, include troop/division)		**Agency Case #**
Investigating Officer	**Phone #**	**Email**

Incident Details		
Subject Name (Last, First)		**Date of Birth**
Offense	**Type of Sample Obtained for Testing**	
	☐ Blood	☐ Urine

LAB USE ONLY

EVIDENCE RECEIVED

☐ In Person – Submitted by (Print Name): _____

☐ USPS ☐ FedEx ☐ UPS ☐ Dropbox

Tracking #: _____
(if applicable)

CONDITION OF EVIDENCE			EVIDENCE DESCRIPTION	KIT LOT # (if applicable)	KIT EXPIRATION DATE (if applicable)
SWI	SWOI	US			

SWI = sealed with initials SWOI = sealed without initials US = unsealed

_____ _____ _____
Signature of FCS Representative Date Time

- A copy of this completed Evidence Submission Form will be provided to the submitting/investigating officer if requested.