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

Toxicology Laboratory Analysis Request & Contract for Examination

FCS Case Number Label
(Lab Use Only)

Form to be filled out by investigating officer, except for specimen collector name & signature.

Analysis Requested: ☐ **Blood Alcohol** ☐ **Blood Drug** ☐ **Urine Drug** **Fatal/Near Fatal Crash:** ☐ **YES** ☐ **NO**

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

Subject DOB:	
Incident Date:	Incident Time (2400):
Incident City:	Incident County: County
Investigating Officer & Agency:	
Investigating Officer Email Address:	
Sample Collection Date:	Sample Collection Time (2400):
Sample Collection City:	Sample Collection County: County

BLOOD SAMPLES ONLY

Specimen Collector Name (Last, First): _____

_____ _____
Signature Date

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).

DRE Information (evaluation performed/attempted)

Name of DRE (Last, First):	DRE Agency:

Check suspected drug category <u>supported</u> by DRE evaluation:

☐ CNS Depressants ☐ CNS Stimulants ☐ Hallucinogens ☐ Dissociative Anesthetics ☐ Narcotics
☐ Inhalants ☐ Cannabinoids ☐ Other drugs suspected: _____

Mailing Address #1 (Mailed Copy of Report):	Mailing Address #2 (Mailed Copy of Report) if applicable:
Name:	Name:
Agency:	Agency:
Address:	Address:

****SIGNATURE REQUIRED FOR TESTING****

Investigating Officer Signature: _____ Date: _____

(By signing above, the customer is agreeing to the contract for examination and below terms.)

- Laboratory generated results may be included in DEA NFLIS reports, grant reports, or other similar data sharing agreements. Agencies may reserve the right to omit data from these reports by notifying the laboratory. Personal/individualizing information will not be shared.
- The laboratory will determine the most appropriate method of testing for the evidence submitted.
- HETL has a standard OUI drug testing panel that may not contain all impairing substances/drugs of abuse.
- The laboratory reserves the right to subcontract to another laboratory, if necessary.
- Urine samples with no DRE shall be billed to submitting agency.
- The customer agrees to a simplified report containing the signature of the analyzing chemist. The authorizer of the report is documented in the case record and available upon request.