

## 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)

## **Laboratory Blood Analysis Request**

Laboratory Examination Requested (required):   Alcohol						Fatal/Near Fatal Crash: ☐ YES ☐ NO											
Subject's Name (Last, First): *BLOCK LETTERS																	
Subject's DOB (mm/dd/yyyy):					er:		Male	<u> </u>	Fem	ale		Oth	er				
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).														E			
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C: an atoms				_				Nata (a	/.1	1 /	)	-					
Signature $Signature$ Date $Signature$ Date $Signature$ Date $Signature$ MRSA 29-A §2524. Administration of Tests: <b>Persons qualified to draw blood for blood tests.</b> 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													nay				
draw a specimen of blood for the purpose of determining the blood-alcohol level or drug concentration.  DRE Information (if applicable):																	
Evaluation Performed:   Yes   No																	
Name of DRE (Last, First):																	
DRE Agency:																	
☐ This sample is submitted by an active DRE, or																	
$\ \square$ This sample is NOT submitted by an active DRE, however payment for processing will be billed to																	
Name/Agency: Billing Address:																	
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 QUI wring drug testing panel that may not contain all impairing substances (drugs of abuse).																	
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 if applicable:   Do not consume samp																	
Send Report to (mailing address):	Se	end Copy	ot R	epor	t to:												