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

Laboratory Blood Analysis Request

For Laboratory Use Only
(Identification Number)

Laboratory Examination Requested (required):	□ Alcohol □ Drug
Incident Details (required):	Fatal/Near Fatal Accident □ YES □ NO

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

Subject's DOB (mm/dd/yyyy):	Gender: □ Male □ Female
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):

Evaluation Performed: □ Yes □ No

Name of DRE (Last, First):

DRE Agency:

□ This sample is submitted by an active DRE, or

□ 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

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

Check if applicable: □ Do not consume sample

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