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

Drug Facilitated Crime Laboratory Analysis Request

For Laboratory Use Only
(Identification Number)

Sample(s) Submitted for Testing: ☐ **Blood** ☐ **Urine** ☐ **Blood & Urine*** **(place copy in each folder)*

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.:

Investigating Officer Email Address:

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.

MRS Title 29-A, §2527. Rules regulating sample collection and testing procedures. Urine samples: A requirement that only a law enforcement officer or law enforcement agency employee of the same sex as the person providing the sample, or a health care practitioner, may observe the giving of a urine sample, and that it may be collected only within a law enforcement or health care facility.

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

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

Information Below This Line Shall be Filled out by Laboratory Staff

Record Any Associated Sample(s): *(place copy of request in each folder)*	Starlims #: _____	☐ **Blood**	☐ **Urine***
	Starlims #: _____	☐ **Blood**	☐ **Urine***

**Due to limited drug testing menu contact shall be made with investigating officer to determine course of testing for submitted urine samples.*

DO NOT PROCEED WITH TESTING UNTIL THIS SECTION IS COMPLETED