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

Seized Drug Evidence Submission Form & Contract for Examination

FCS Case Number Label
(Lab Use Only)

Investigating Agency		
Agency Name (if applicable, include troop/division)		**Agency Case #**
Investigating Officer	**Phone #**	**Email**
Agency to be Invoiced (If not the investigating agency, written authorization from the agency to be invoiced must be received prior to analysis)		
☐ Investigating Agency ☐ Other:		

Incident Details		
Incident Date	**Incident County**	**Offense**
	County	
Subject Name (Last, First)		**Date of Birth**
Primary		
Additional		
Additional		

LAB USE ONLY

Agency Item #	**Evidence Description** Include # of units/quantity & source if applicable (i.e. subject, location)	**Condition**		
		SWI	**SWOI**	**US**

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

LAB USE ONLY

Submitted by (Print Name): _____ Number of containers submitted: _____

_____ _____ _____
Signature of FCS Representative Date Time

- This submission form serves as an agreement between the customer and HETL regarding their request for analysis. A copy of this completed Evidence Submission Form will be provided to the submitting/investigating officer if requested.
- The laboratory will determine the most appropriate method of testing for the evidence submitted.
- 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/individualization information will not be shared.
- 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.