



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<br>(If not the investigating agency, written authorization from the agency to be invoiced must be received prior to analysis) |         |               |
| <input type="checkbox"/> Investigating Agency <input type="checkbox"/> Other:                                                                       |         |               |

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

| Agency Item # | Evidence Description<br>Include # of units/quantity & source if applicable (i.e. subject, location) | LAB USE ONLY<br>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.