State of Maine Department of Health & Human Services Health & Environmental Testing Laboratory Forensic Chemi 47 Independence Drive Augusta ME 04333 (207)287-1712 Laboratory Blood Analysis Request	stry For Laboratory Use Only (Identification Number)
Laboratory Examination Requested (required):	Drugs Fatal/Near Fatal Accident: VES NO
Subject's Name (Last, First): *BLOCK LETTERS Subject's DOB (mm/dd/yyyy): Gender: Male Female Other 	
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	
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: 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:	
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 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 sample	
Send Report to (mailing address): Send Copy	of Report to: