



State of Maine Department of Health & Human Services
 Health & Environmental Testing Laboratory
 Forensic Chemistry
 47 Independence Drive Augusta ME 04330
 (207)287-1712

Seized Drug Case Activation Form

For Laboratory Use Only
 (Identification Number)

**Form to be completed by the prosecuting agency responsible for the case.
 Upon receipt of completed form, standard turnaround time of 4 weeks* will be assigned.**

Classification: A B C D E **Subject In Custody:** Yes No

Incident Date: _____ **Court/Event Date (if known):** _____

Priority/Rush Request (1-4 weeks*): Requires Completion of Expedited Analysis Request Form

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

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

DA Office and phone number:

Investigating Officer & Dept.:

Agency Case Number:

DA email address:

Testing Request for Submitted Evidence (MUST be completed to activate case)

Item Number	Description	Specific Testing Requests (ex: test up to 6g/test largest bag)

PROSECUTOR SIGNATURE:

Name (print)

Signature

Date

Forms received without a prosecutor's signature will not be approved for activation of a case.

*turnaround times based on resource availability

Please submit forms via ShareFile, in person or securely emailed to: ActivationForm.HETLForensics@maine.gov