EVIDENCE HANDLING GUIDE

MAINE HEALTH AND ENVIRONMENTAL TESTING LABORATORY

FORENSIC CHEMISTRY SECTION

ANAB
ANSI National Accreditation Board
ACCREDITED
ISO/IEC 17025
FORENSIC TESTING LABORATORY

September 2026

EVIDENCE UNIT HOURS OF OPERATION

Monday, Wednesday, Friday 8:30am to 4:00pm

No submissions will be accepted outside of the above listed times without prior notice & approval

Website:
https://www.maine.gov/dhhs/mecdc/services/maine-public-health-laboratory/forensic-chemistry

Email:
evidence.hetlforensics@maine.gov

Address:
Health and Environmental Testing Laboratory
Greenlaw Building, 2nd Floor
47 Independence Drive,
Augusta, ME, 04330

Appointments must be made with the HETL Forensic Chemistry Section Evidence Unit prior to the submission or return of any Seized Drug or Toxicology evidence using the following link or by scanning the QR code below:

https://outlook.office365.com/owa/calendar/ForensicTest@StateOfMaine.onmicrosoft.com/bookings/

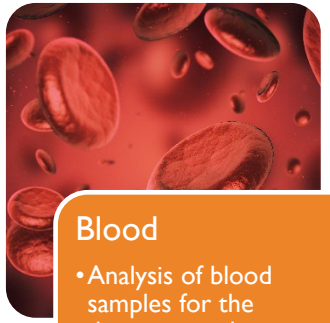
If evidence submission is urgent, please email the Evidence Unit to make expedited arrangements.

All submission, laboratory request for analysis & activation forms are available on the FCS website.

HETL FORENSIC CHEMISTRY TESTING DISCIPLINES

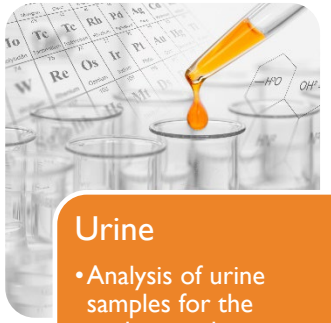
Seized Drugs

- Analysis of seized drug evidence for the presence of controlled substances



Blood

- Analysis of blood samples for the detection and quantitation of ethanol
- Analysis of blood samples for the detection and quantitation of drugs



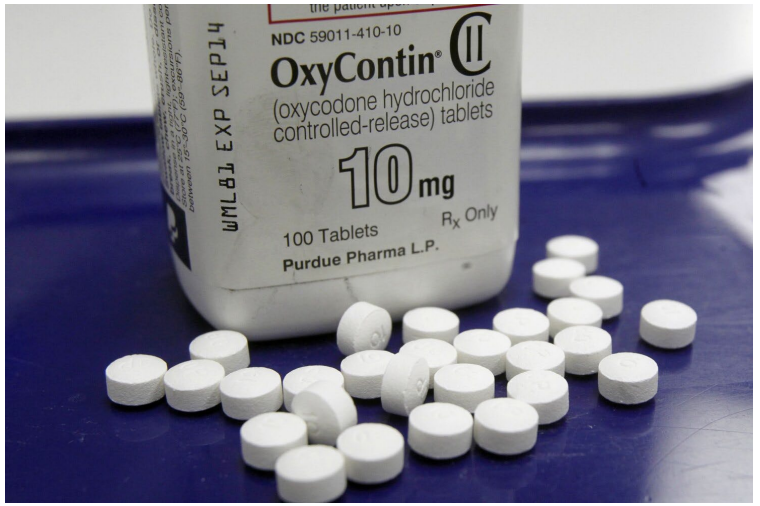
Urine

- Analysis of urine samples for the qualitative detection of drugs

Breath

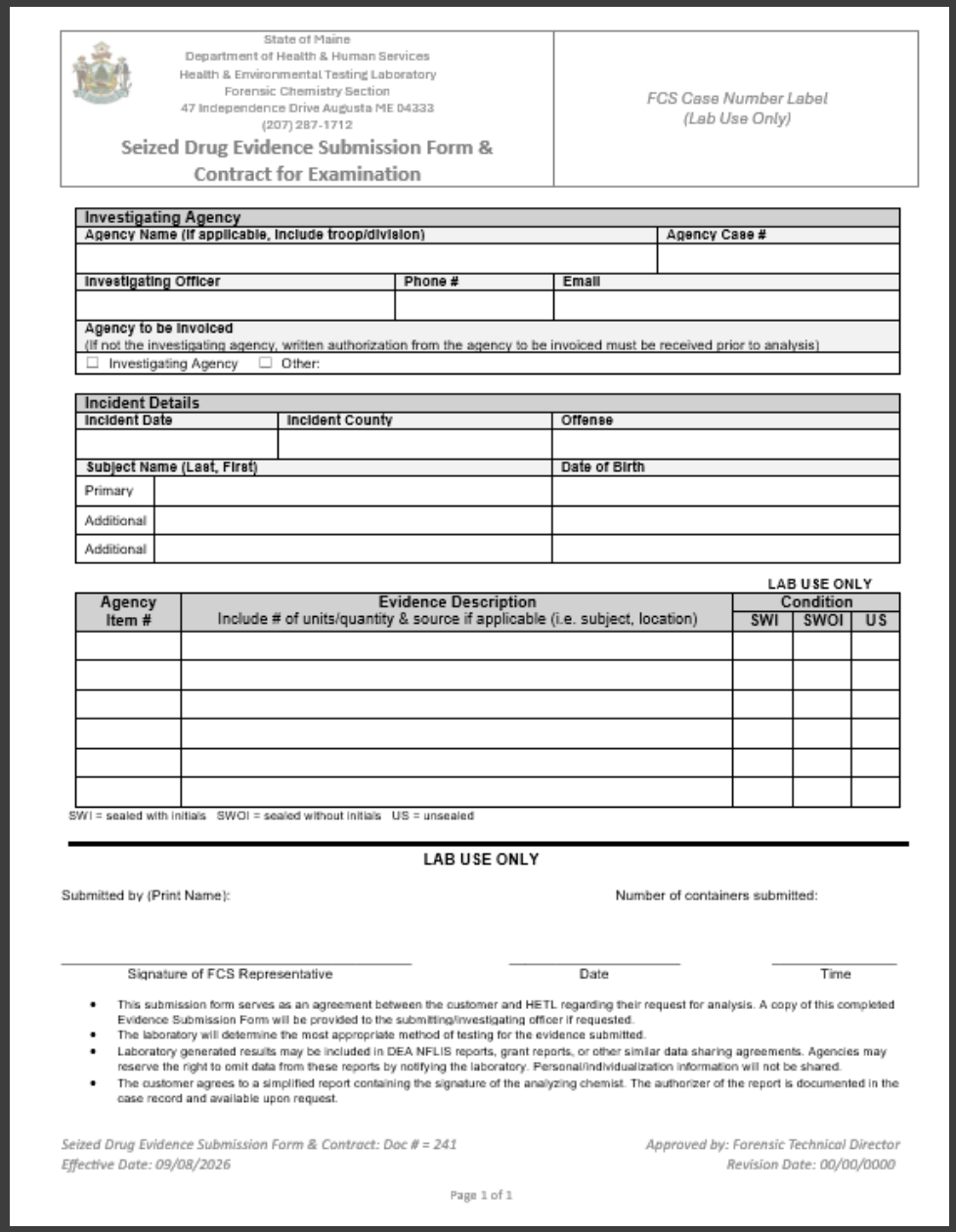
- Oversight and maintenance of all breath alcohol testing instruments located in law enforcement agencies throughout Maine

SEIZED DRUG EVIDENCE



SEIZED DRUG EVIDENCE SUBMISSION FORM & CONTRACT FOR EXAMINATION

- Investigative, incident, subject and evidence information must be listed on the Seized Drug Evidence Submission Form & Contract for Examination before any evidence is accepted
- This form may be filled out before or during submission



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
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.

Seized Drug Evidence Submission Form & Contract: Doc # = 241
Effective Date: 09/08/2026

Approved by: Forensic Technical Director
Revision Date: 00/00/0000

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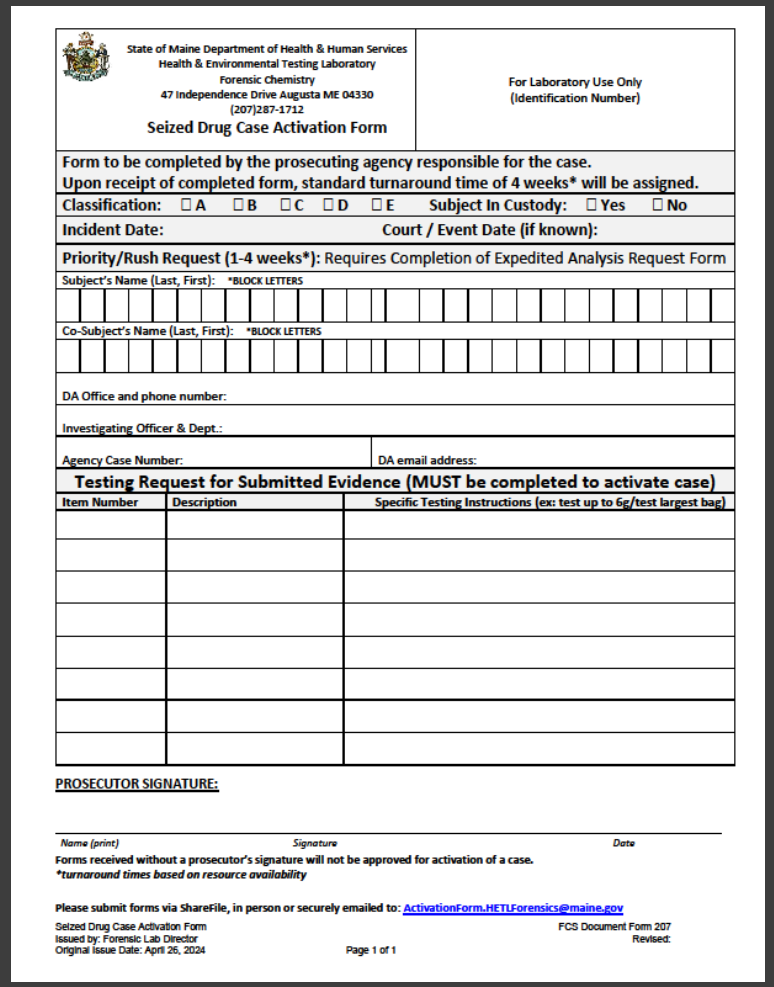
SEIZED DRUG CASE ACTIVATION & EXPEDITED ANALYSIS FORMS

- Prosecutors must submit a signed "Case Activation Form" before testing on all seized drug cases can begin
- For rush requests of seized drug evidence, a signed "Expedited Analysis Request Form" should be submitted
- Seized drug case turnaround times along with the ability to expedite analysis are based upon current unit staffing, available resources and are subject to change

Activation Form



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 Instructions (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

Seized Drug Case Activation Form
Issued by: Forensic Lab Director
Original Issue Date: April 26, 2024

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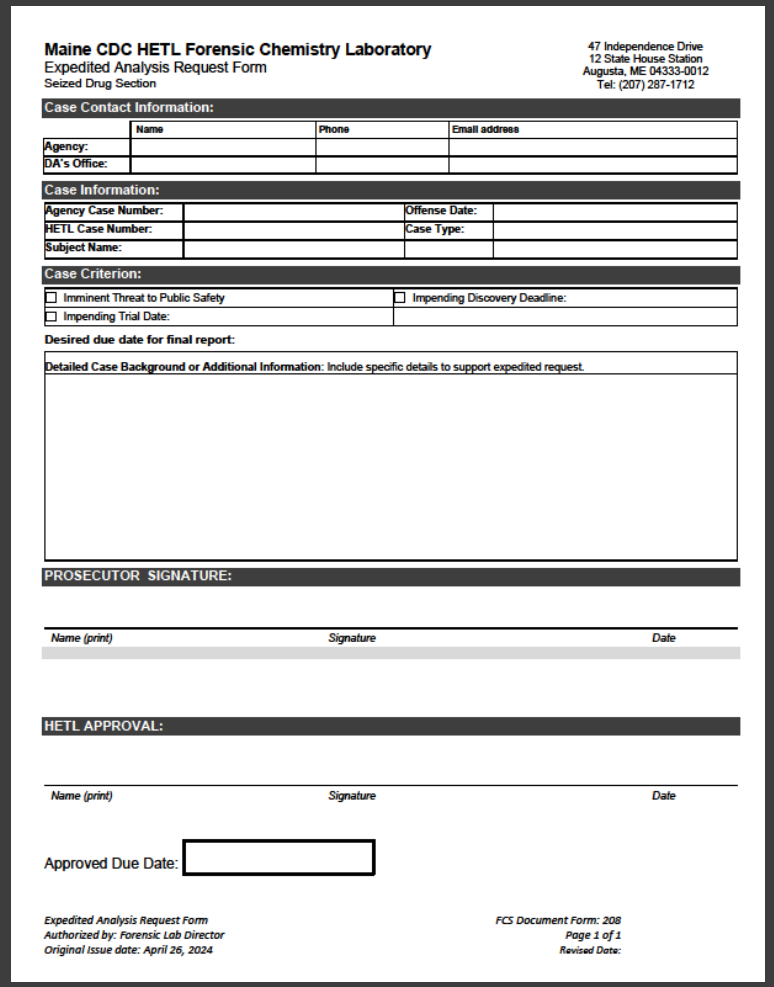
FCS Document Form 207
Revised:

Expedited Analysis Form



Maine CDC HETL Forensic Chemistry Laboratory
Expedited Analysis Request Form
Seized Drug Section

47 Independence Drive
12 State House Station
Augusta, ME 04333-0012
Tel: (207) 287-1712

Case Contact Information:

	Name	Phone	Email address
Agency:			
DA's Office:			

Case Information:

Agency Case Number:		Offense Date:	
HETL Case Number:		Case Type:	
Subject Name:			

Case Criterion:

☐ Imminent Threat to Public Safety ☐ Impending Discovery Deadline:
☐ Impending Trial Date:

Desired due date for final report:

Detailed Case Background or Additional Information: Include specific details to support expedited request.

PROSECUTOR SIGNATURE:

Name (print) *Signature* *Date*

HETL APPROVAL:

Name (print) *Signature* *Date*

Approved Due Date:

Expedited Analysis Request Form
Authorized by: Forensic Lab Director
Original Issue date: April 26, 2024

FCS Document Form: 208
Page 1 of 1
Revised Date:

ACCEPTABLE EVIDENCE PACKAGING

- Outer packaging containers
  - Evidence envelopes
  - Heat/adhesive sealed plastic bags
  - Plastic containers
  - Paper bags
- Tape/adhesive/heat seal all containers and initial across all non-factory seals
  - Ensure no gaps in the seal exist across the entire container
  - Use indelible ink (sharpie) whenever possible
  - DO NOT use staples for seals
- Outer packaging should contain applicable agency information and brief description of contents
- Outer packaging should be large enough to leave room for analyst access and resealing

SEIZED DRUG EVIDENCE – SEPARATION & LABELING

- Do NOT place drug evidence directly into the outer container – properly seal evidence in secondary inner containers first
- Package tablets/capsules in rigid containers to ensure evidence is not broken/crushed
- Ensure that liquid evidence is packaged in spillproof containers to prevent leakage
- Package glass and other potentially sharp evidence (needles, razors, etc.) in puncture resistant containers and label the outer packaging container "SHARPS"
- Damp/wet evidence should be dried before submission; if evidence cannot be dried, package in a spillproof container
- Evidence removed from body cavities must be labeled as a Biohazard on the outer packaging container
- If a presumptive field test was performed, do NOT submit the used field test kit
- HETL does NOT accept Marijuana
- Hypodermic needles are ONLY accepted if there is no other evidence in the submission & analysis is specifically requested by the prosecutor's office

SEIZED DRUG EVIDENCE – SEPARATION & LABELING

- Collected evidence must be separated & packaged based upon suspect or location and visual similarity before all being packaged together in an outer container

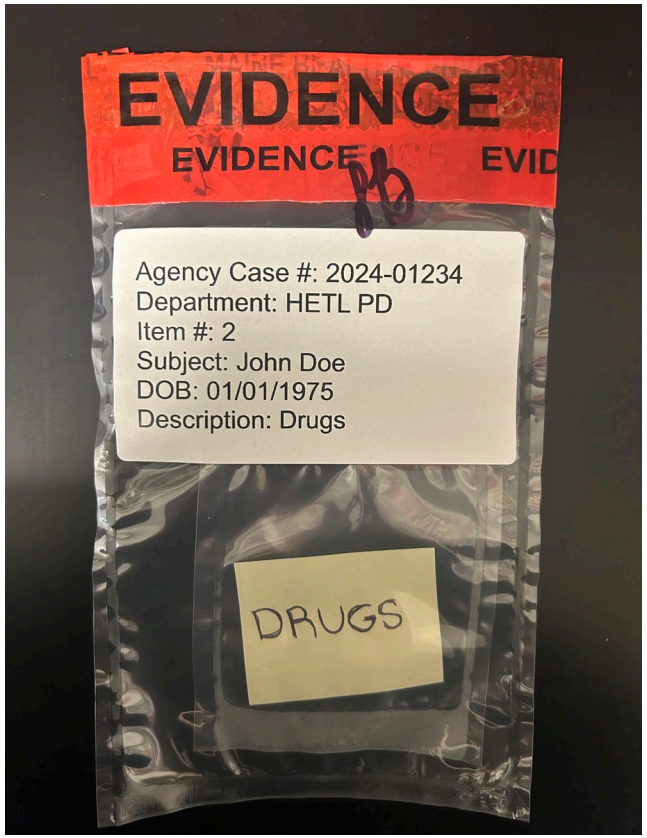
- Example:
  - Suspect A has 2 baggies of white powder and 5 envelopes of tan powder
  - Suspect B has 4 baggies of pink powder
  - 13 round blue tablets found in center console of vehicle

  - Package the 2 baggies of white powder from Suspect A
  - Package the 5 envelopes of tan powder from Suspect A
    - Both packages from Suspect A may then be sealed together in a container – Item 1
  - Package the 4 baggies of pink powder from Suspect B – Item 2
  - Package the 13 round blue tablets from the center console – Item 3

SEIZED DRUG EVIDENCE – VISUAL

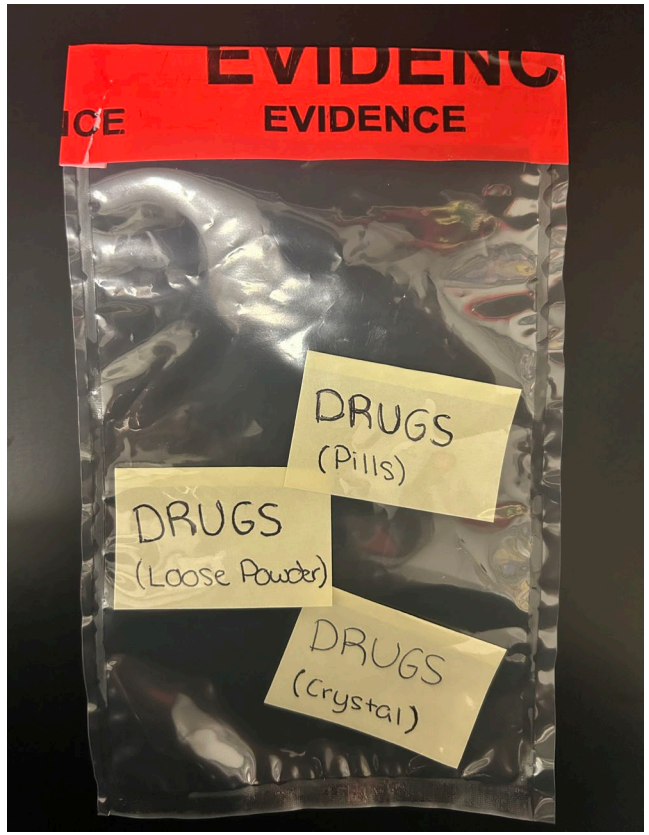
Proper Packaging

- Properly sealed secondary inner container(s)
- Complete seal with initials
- Agency case & item information included



Improper Packaging

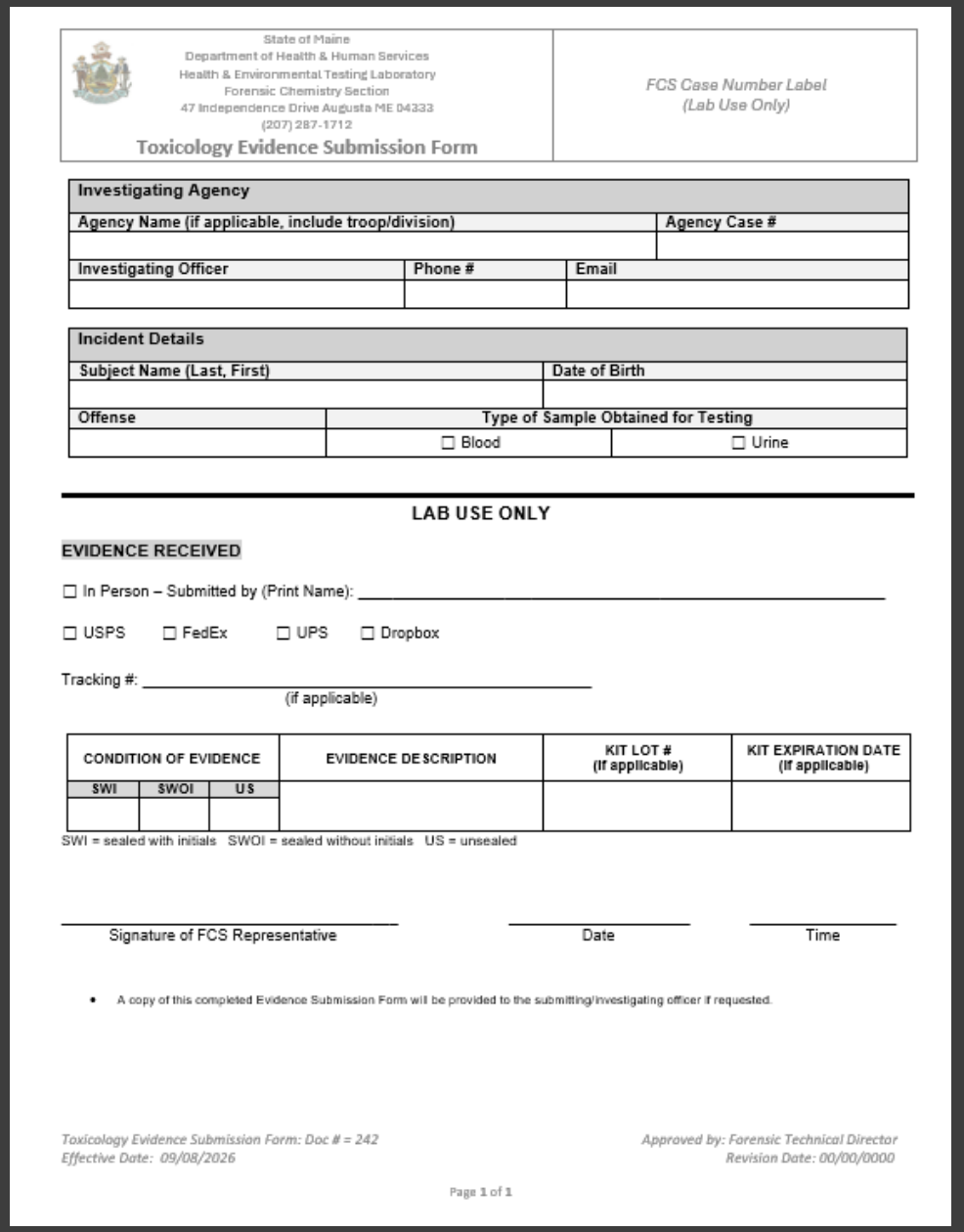
- Single bag
- Seal not initialed
- Different material loose & commingled inside container
- No agency case or item information



TOXICOLOGY EVIDENCE

TOXICOLOGY EVIDENCE SUBMISSION FORM

- Investigative, incident, subject and evidence information should be listed on the Toxicology Evidence Submission Form before any evidence is accepted
- This form should be filled out before or during submission at HETL, through the mail or at the Augusta PD drop-box
- Information not included on the submission form may be added by FCS staff once obtained



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

Toxicology Evidence Submission Form

FCS Case Number Label
(Lab Use Only)

Investigating Agency		
Agency Name (if applicable, include troop/division)		Agency Case #
Investigating Officer	Phone #	Email

Incident Details		
Subject Name (Last, First)		Date of Birth
Offense	Type of Sample Obtained for Testing	
	☐ Blood	☐ Urine

LAB USE ONLY

EVIDENCE RECEIVED

☐ In Person – Submitted by (Print Name): _____

☐ USPS ☐ FedEx ☐ UPS ☐ Dropbox

Tracking #: _____
(if applicable)

CONDITION OF EVIDENCE			EVIDENCE DESCRIPTION	KIT LOT # (If applicable)	KIT EXPIRATION DATE (If applicable)
SWI	SWOI	US			

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

_____ Signature of FCS Representative

_____ Date

_____ Time

- A copy of this completed Evidence Submission Form will be provided to the submitting/investigating officer if requested.

Toxicology Evidence Submission Form: Doc # = 242
Effective Date: 09/08/2026

Approved by: Forensic Technical Director
Revision Date: 00/00/0000

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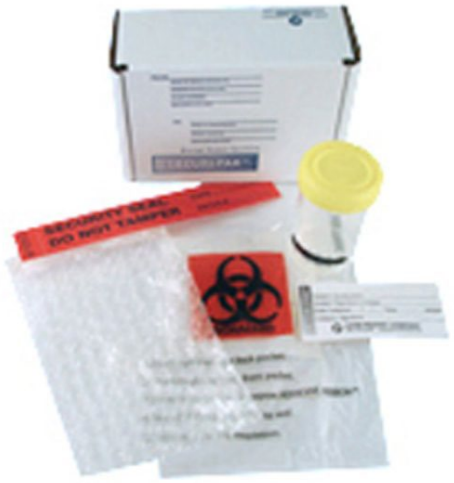
TOXICOLOGY EVIDENCE – BLOOD ALCOHOL/DRUG ANALYSIS

- May be submitted via mail, drop-box, or in person
  - If submitted via mail – do NOT put case-identifying information on outside packaging (unless covered by business card)
- Must be sealed and initialed by investigating/submitting officer
- Hospital tubes are accepted with incident and collection information provided

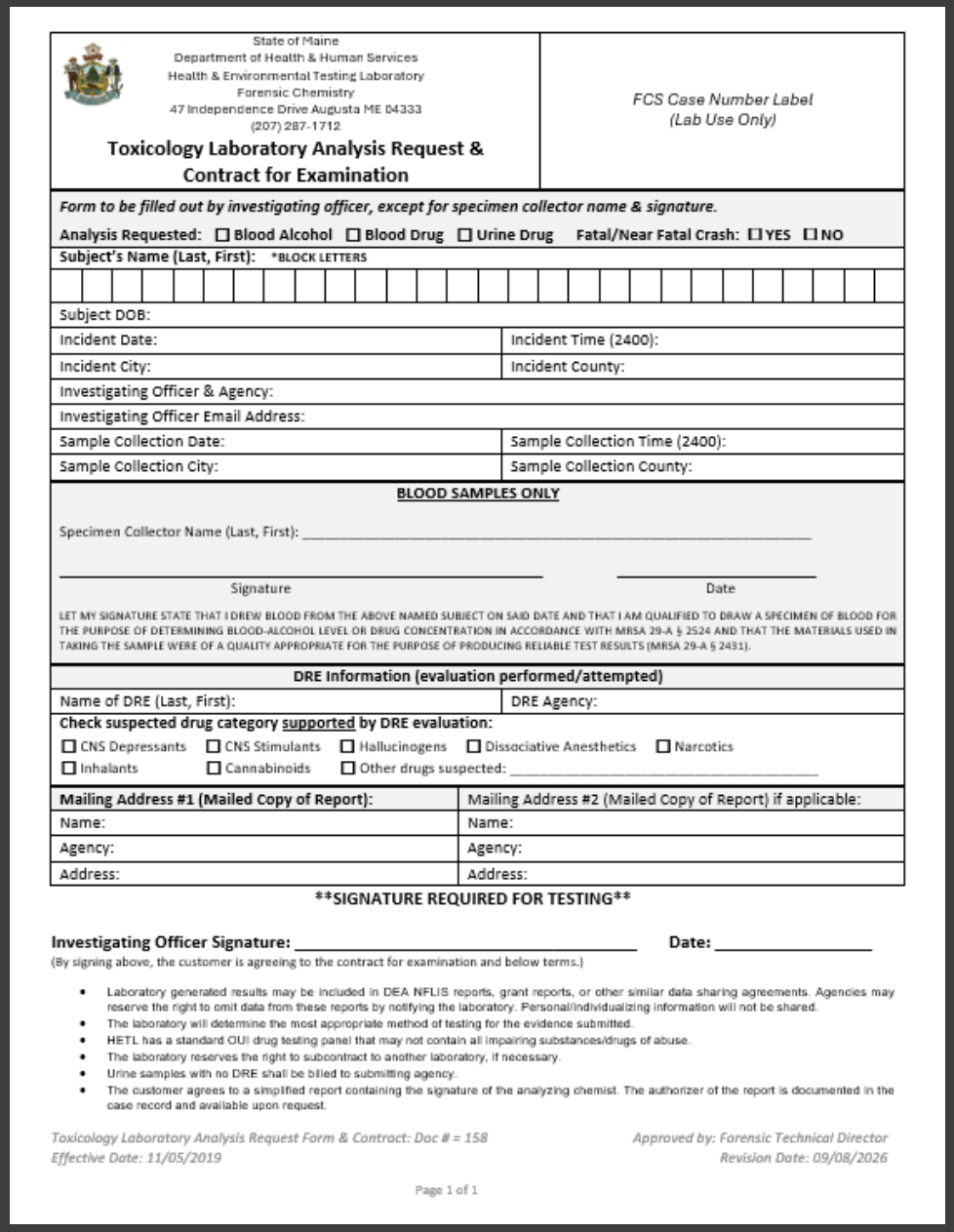
TOXICOLOGY EVIDENCE – URINE DRUG ANALYSIS

- May be submitted via mail or in person
  - If submitted via mail – do NOT put case-identifying information on outside packaging (unless covered by business card)
- Must be sealed and initialed by investigating/submitting officer
- Can be submitted as a urine-kit (distributed from HETL) or a urine sample from a hospital
- Blood and urine from the hospital CANNOT be submitted within the same container – SEPARATE BEFORE SUBMISSION



TOXICOLOGY LABORATORY ANALYSIS REQUEST & CONTRACT FOR EXAMINATION

- This form is found within all FCS blood & urine testing kits
- For hospital tubes - this form needs to be submitted separately
- All applicable information should be filled out prior to submission if possible



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

Toxicology Laboratory Analysis Request & Contract for Examination

FCS Case Number Label (Lab Use Only)

Form to be filled out by investigating officer, except for specimen collector name & signature.

Analysis Requested: ☐ Blood Alcohol ☐ Blood Drug ☐ Urine Drug **Fatal/Near Fatal Crash:** ☐ YES ☐ NO

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

Subject DOB:

Incident Date:	Incident Time (2400):
Incident City:	Incident County:
Investigating Officer & Agency:	
Investigating Officer Email Address:	
Sample Collection Date:	Sample Collection Time (2400):
Sample Collection City:	Sample Collection County:

BLOOD SAMPLES ONLY

Specimen Collector Name (Last, First): _____

_____ Signature _____ Date

I 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).

DRE Information (evaluation performed/attempted)

Name of DRE (Last, First):	DRE Agency:

Check suspected drug category supported by DRE evaluation:

☐ CNS Depressants ☐ CNS Stimulants ☐ Hallucinogens ☐ Dissociative Anesthetics ☐ Narcotics
☐ Inhalants ☐ Cannabinoids ☐ Other drugs suspected: _____

Mailing Address #1 (Mailed Copy of Report):	Mailing Address #2 (Mailed Copy of Report) if applicable:
Name:	Name:
Agency:	Agency:
Address:	Address:

****SIGNATURE REQUIRED FOR TESTING****

Investigating Officer Signature: _____ **Date:** _____

(By signing above, the customer is agreeing to the contract for examination and below terms.)

- 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/individualizing information will not be shared.
- The laboratory will determine the most appropriate method of testing for the evidence submitted.
- HETL has a standard OUI drug testing panel that may not contain all impairing substances/drugs of abuse.
- The laboratory reserves the right to subcontract to another laboratory, if necessary.
- Urine samples with no DRE shall be billed to submitting agency.
- 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.

Toxicology Laboratory Analysis Request Form & Contract: Doc # = 158
Effective Date: 11/05/2019

Approved by: Forensic Technical Director
Revision Date: 09/08/2026

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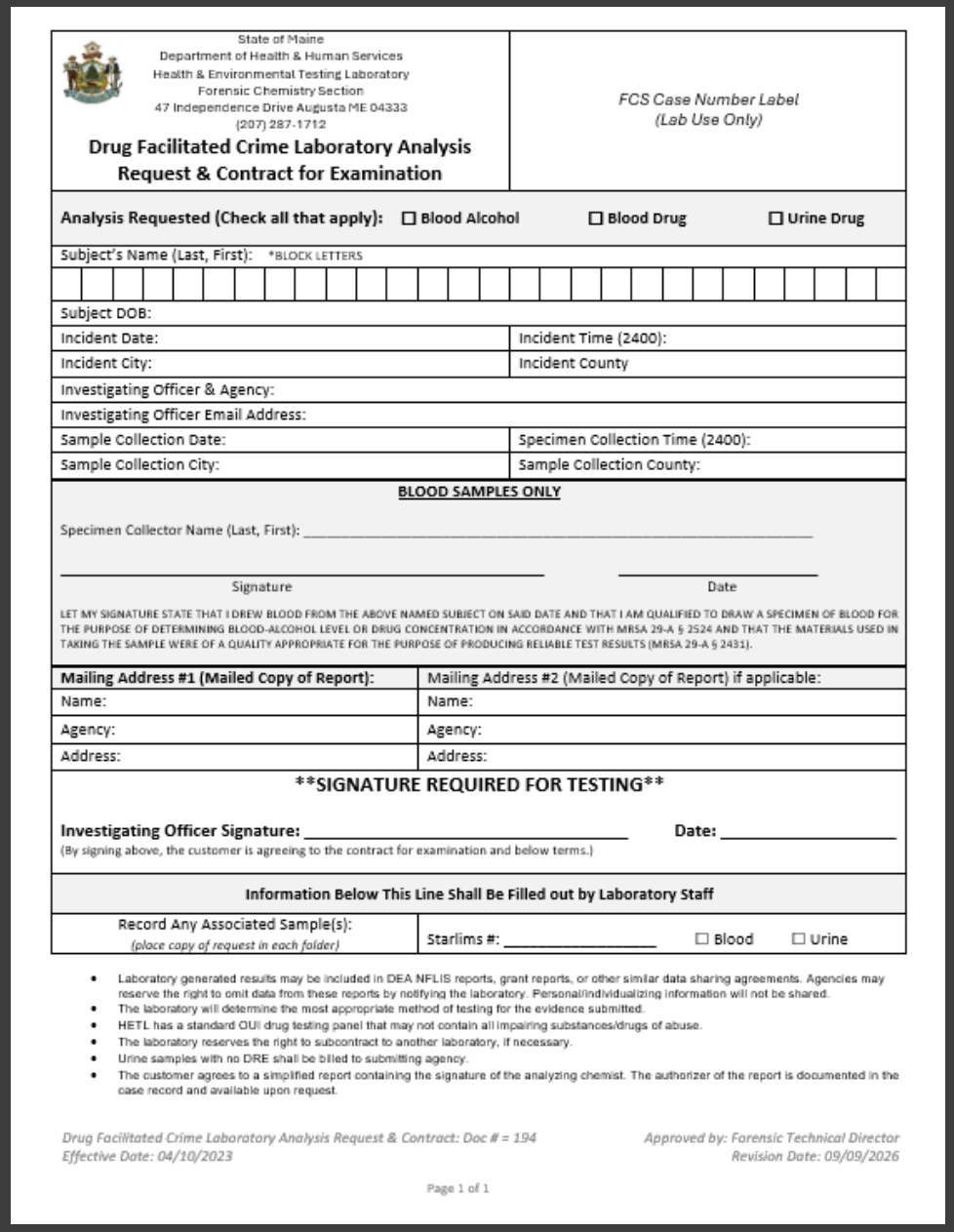
DRUG FACILITATED CRIME LABORATORY ANALYSIS REQUEST & CONTRACT FOR EXAMINATION

- This form must accompany all urine or blood specimens related to sexual assault incidents
- All applicable information should be filled out prior to submission if possible
- If victim asks to remain anonymous, please fill out name as "FNU, LNU"



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

Drug Facilitated Crime Laboratory Analysis Request & Contract for Examination

FCS Case Number Label (Lab Use Only)

Analysis Requested (Check all that apply): ☐ Blood Alcohol ☐ Blood Drug ☐ Urine Drug

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

Subject DOB:

Incident Date:	Incident Time (2400):
Incident City:	Incident County
Investigating Officer & Agency:	
Investigating Officer Email Address:	
Sample Collection Date:	Specimen Collection Time (2400):
Sample Collection City:	Sample Collection County:

BLOOD SAMPLES ONLY

Specimen Collector Name (Last, First): _____

_____ Signature _____ Date

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).

Mailing Address #1 (Mailed Copy of Report):	Mailing Address #2 (Mailed Copy of Report) if applicable:
Name:	Name:
Agency:	Agency:
Address:	Address:

****SIGNATURE REQUIRED FOR TESTING****

Investigating Officer Signature: _____ **Date:** _____
(By signing above, the customer is agreeing to the contract for examination and below terms.)

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

- 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/individualizing information will not be shared.
- The laboratory will determine the most appropriate method of testing for the evidence submitted.
- HETL has a standard OUI drug testing panel that may not contain all impairing substances/drugs of abuse.
- The laboratory reserves the right to subcontract to another laboratory, if necessary.
- Urine samples with no DRE shall be billed to submitting agency.
- 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.

Drug Facilitated Crime Laboratory Analysis Request & Contract: Doc # = 194
Effective Date: 04/10/2023

Approved by: Forensic Technical Director
Revision Date: 09/09/2026

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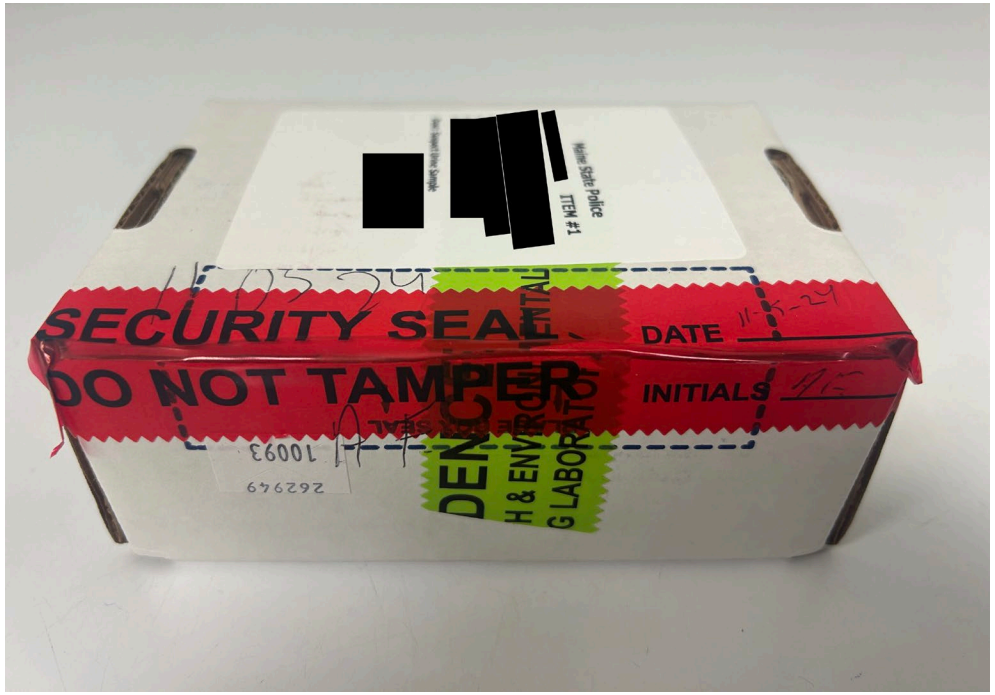
TOXICOLOGY EVIDENCE – VISUAL

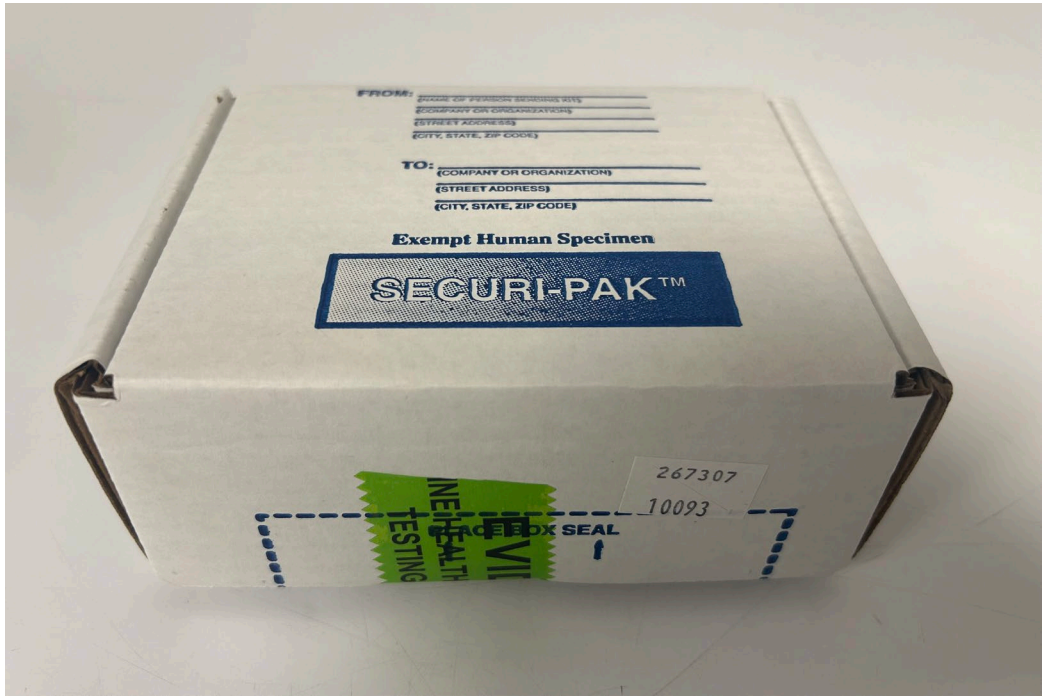
Proper Packaging

- Properly sealed box
- Complete seal with initials



Improper Packaging

- Improperly sealed box
- Seal not initialed



DURING/AFTER ANALYSIS

- Notify the lab ASAP if a case has been pled, dismissed, etc.
- All toxicology samples will be destroyed six months from the analysis completion date
  - If samples need to be held longer than six months, please notify the laboratory when submitted
- All seized drug evidence must be picked up from HETL once analysis is completed
- Seized drug evidence will be stored at the laboratory for up to one year
  - If analysis is not requested after one year, it will be returned to the submitting agency