

Maine CDC HETL Forensic Chemistry Laboratory

Expedited Analysis Request Form

Seized Drug Unit

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:

<input type="checkbox"/> Imminent Threat to Public Safety	<input type="checkbox"/> Impending Discovery Deadline:
<input type="checkbox"/> 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: