# United States Probation and Pretrial Services District of Kansas

**Chain of Custody for Drug Analysis**

**\***REQUIRED (FAILURE TO COMPLETE WILL DELAY PROCESSING) Screening Tray No.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \*Offender/Defendant Name (last, first, MI)  Last Name, First Name Middle Name | | | **PLACE SPECIMEN ID LABEL HERE** | | |
| \*Date of Birth  Date Of Birth | \***PACTS NO.**  Client ID | |
| \*Status (check one)  Presentence / Pretrial  Supervision / Probation | \*Supervising Federal Officer  Officer Name | |
| \*Collection Date | \*Collection Time  AM PM | | Admitted Illegal Drug Use by Offender / Defendant  \*Donor must list substance(s) and date(s) used and initial. | | |
| Medications (include date taken) | | | Special Test Options (circle all that apply):  PCP Ethyl Glucuronide (ETG) 6-AM Other: \_\_\_\_\_\_\_ \_\_\_  Benzodiazepine Fentanyl Oxycodone Buprenorphine | | |
| Collector Comments: Unobserved Appears Diluted BAC (if applicable) | | | | | |
| OFFENDER/DEFENDANT CERTIFICATION  I certify that the information I provided above is true and correct. I certify that the specimen I have provided on this date is my own and has not been adulterated or diluted. The security seal was applied to the specimen bottle by me, and I have verified that the specimen identification on this form and the bottle are identical.  Offender / Defendant Signature Date | | | COLLECTOR CERTIFICATION  I certify that I witnessed the above offender/defendant provide the specimen identified by the Specimen ID Label on this form. I certify that the security seal was applied to the specimen bottle in my presence, and I have verified that the specimen identification on this form and the bottle are identical.  Collector Signature Date | | |
|  Check if the above offender/defendant failed to provide a urine specimen and fax this form to the supervising officer.  Staff Signature: Date: | | | | | |
| **ON-SITE LABORATORY USE ONLY** | | | TEST DATE: | REVIEWED BY: | TEST TIME: |
| Date Specimen Received | | Specimen Received Intact by: |
| |  |  |  |  | | --- | --- | --- | --- | | ON-SITE POSITIVE | | | | | AMPHETAMINE  CANNABINOID  COCAINE  OPIATE  BENZODIAZEPINE  ETHYL GLUCURONIDE  CREATININE | \_\_\_\_\_\_\_  \_\_\_\_\_\_\_  \_\_\_\_\_\_\_  \_\_\_\_\_\_\_  \_\_\_\_\_\_\_  \_\_\_\_\_\_\_  \_\_\_\_\_\_\_ | OXYCODONE  PHENCYCLIDINE  6-AM  BUPRENORPHINE  FENTANYL  Normal \_\_\_\_\_\_\_  (>20 mg/dL) | \_\_\_\_\_\_\_  \_\_\_\_\_\_\_  \_\_\_\_\_\_\_  \_\_\_\_\_\_\_  \_\_\_\_\_\_\_  Abnormal  (<20 mg/dL) | | | |
| **PLACE ON-SITE BARCODE LABEL HERE** | | |
| GC/MS Specimen ID #:  GC/MS Tracking #: | | | Date sent for confirmation: | | |
| On-Site Laboratory Comments: | | | | | |

Revised 03/2025 PMR