# 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.

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| \*Offender/Defendant Name (last, first, MI)Last Name, First Name Middle Name | **PLACE SPECIMEN ID LABEL HERE** |
| \*Date of BirthDate Of Birth | \***PACTS NO.**Client ID |
| \*Status (check one) Presentence / Pretrial Supervision / Probation | \*Supervising Federal OfficerOfficer Name |
| \*Collection Date | \*Collection TimeAM 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 CERTIFICATIONI 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 CERTIFICATIONI 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: |
|

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| ON-SITE POSITIVE |
| AMPHETAMINECANNABINOIDCOCAINEOPIATEBENZODIAZEPINEETHYL GLUCURONIDECREATININE | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | OXYCODONEPHENCYCLIDINE6-AMBUPRENORPHINEFENTANYLNormal \_\_\_\_\_\_\_(>20 mg/dL)  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Abnormal (<20 mg/dL) |

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| **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