

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.
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Medications (include date taken)	Special Test Options (circle all that apply): PCP Ethyl Glucuronide (ETG) 6-AM Other: _____ Benzodiazepine Fentanyl Oxycodone Buprenorphine
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Collector Comments: _____ Unobserved _____ Appears Diluted BAC (if applicable) _____

<p>OFFENDER/DEFENDANT CERTIFICATION</p> <p>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.</p> <p>_____ Offender / Defendant Signature Date</p>	<p>COLLECTOR CERTIFICATION</p> <p>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.</p> <p>_____ Collector Signature Date</p>
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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		
PLACE ON-SITE BARCODE LABEL HERE		AMPHETAMINE _____	OXYCODONE _____	
		CANNABINOID _____	PHENCYCLIDINE _____	
		COCAINE _____	6-AM _____	
		OPIATE _____	BUPRENORPHINE _____	
		BENZODIAZEPINE _____	FENTANYL _____	
		ETHYL GLUCURONIDE _____		
		CREATININE _____	Normal (≥20 mg/dL) _____	Abnormal (<20 mg/dL) _____

GC/MS Specimen ID #: _____

GC/MS Tracking #: _____

Date sent for confirmation: _____

On-Site Laboratory Comments: _____