

**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) <input type="checkbox"/> Presentence / Pretrial <input type="checkbox"/> Supervision / Probation	*Supervising Federal Officer Officer Name		
*Collection Date	*Collection Time <div style="text-align: right;">AM PM</div>	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.		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.	
Offender / Defendant Signature _____ Date _____		Collector Signature _____ Date _____	
<input type="checkbox"/> 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:
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)
GC/MS Specimen ID #: _____			
GC/MS Tracking #: _____			
<div style="text-align: right;">Date sent for confirmation: _____</div>			
On-Site Laboratory Comments:			