# United States Probation and Pretrial Services

District of Kansas

Chain of Custody for Drug Analysis Screening Tray #

\*REQUIRED (FAILURE TO COMPLETE WILL DELAY PROCESSING)

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|  |  |  |
| --- | --- | --- |
| \*Offender/Defendant Name (last, first, MI) | | |
| \*Date of Birth | \***PACTS NO.** |  |
|  |  | **PLACE SPECIMEN ID LABEL HERE** |
| \*Status (check one) | \*Supervising Federal Officer: |  |
| Presentence/Pretrial |  |  |
| ost Conviction/Probation |  |  |
| \*Collection Date | \*Collection Time | Admitted Illegal Drug Use by Offender / Defendant |
|  | AM |  |
|  | PM | \*Donor must list substance(s) and date(s) used and initial |
| Medications (include date taken) |  | Special Test Options (circle all that apply): |
|  |  | PCP Hydrocodone EtG 6-AM Other: |
|  |  | Benzo Fentanyl OXY Buprenorphine |

Collector Comments: Unobserved Appears Diluted BAC ( if applicable)

OFFENDER/DEFENDANT CERTIFICATION COLLECTOR CERTIFICATION

I certify that the information I provided above is true and correct. I I certify that I witnessed the above offender/defendant provide the specimen certify that the specimen I have provided on this date is my own and identified by the Specimen ID Label on this form. I certify that the security seal has not been adulterated or diluted. The security seal was applied to was applied to the specimen bottle in my presence, and I have verified that the the specimen bottle by me, and I have verified that the specimen specimen identification on this form and the bottle are identical.

identification on this form and the bottle are identical.

Offender / Defendant Signature Date Collector Signature Date

Staff Signature: Date:

## ON-SITE LABORATORY USE ONLY

Date Specimen Received: Specimen Received Intact by:

TEST DATE:

REVIEWED BY:

ON-SITE POSITIVE

TEST TIME:

## PLACE ON-SITE BARCODE LABEL HERE

AMPHETAMINE CANNABINOID COCAINE OPIATE

BENZODIAZEPINE

OXYCODONE

PCP 6-AM BUPRENORPHINE

FENTANYL

ETHYL ALCOHOL HYDROCODONE

## GC/MS Specimen ID #:

CREATININE:

NORMAL

(≥20mg/dL)

ABNORMAL

(<20mg/dL)



## GC/MS Tracking #: Date sent for confirmation:

On-Site Laboratory Comments:

Revised 05/2023 JP