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)		**PLACE SPECIMEN ID LABEL HERE**
*Date of Birth	***PACTS NO.**	
*Status (check one) ___ Presentence / Pretrial ___ Supervision / Probation	*Supervising Federal Officer	
*Collection Date	*Collection Time AM PM	Admitted Illegal Drug Use by Offender / Defendant If so, list substance(s) and date(s) with donor initial in space above.

Medications (include date taken)	Special Test Request ____ Benzodiazepine ____ Ethyl Alcohol ____ Phencyclidine ____ Oxycodone Other (please specify) _____

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

Date Specimen Received	Specimen Received Intact? ____ NO ____ YES Received by:
PLACE ON-SITE BARCODE LABEL HERE	

TEST DATE:	REV'D BY:	NEGATIVE	TEST TIMES /

POSITIVE	ON-SITE INITIAL	ON-SITE RETEST
AMPHETAMINE	_____	_____
CANNABINOID	_____	_____
COCAINE	_____	_____
OPIATE	_____	_____
BENZODIAZEPINE	_____	_____
ETHYL ALCOHOL	_____	_____
OXYCODONE	_____	_____
PHENCYCLIDINE	_____	_____
CREATININE	___ Normal (≥20 mg/dL)	___ Abnormal (<20 mg/dL)

On-Site Laboratory Comments:

Alere Confirmation Specimen ID Number: Date Transferred for Confirmation:

SUBMIT ORIGINAL FORM TO ON-SITE LABORATORY