## United States Probation and Pretrial Services District of Kansas Chain of Custody for Drug Analysis

Screening Tray #

*RFOUIRFD	(FAILURE TO	COMPLETE WI	I DELAY	PROCESSING)

		- 1							
*Offender/Defendant Name (last, first, MI)									
*Date of Birth	*PACTS		_						
"Date of Birth	PACIS	NO.	PL (	ACE SPECIM					
				ACE SPECIN	IEN ID LA	BEL HERE			
*Status (check one)	*Supervi	ising Federal Officer:							
Presentence/Pretrial									
Post Conviction/Probation	n								
*Collection Date	*Collection	on Time	Admitted Illegal Drug Us	se by Offende	r / Defenda	nt			
			-						
			AM						
			PM *Donor must list substance(s) a			7.Y.W.Y.			
Medications (include date taken)				Special Test Options (circle all that apply):					
			PCP Hydro	rocodone	EtG	6-AM Other:			
			Banzo	Fastand	0.27				
			Benzo	Fentanyl	OXY	/ Buprenorphine			
Collector Comments: U	Jnobserve	d Appears Di	iluted BAC (if applicable)	)					
OFFENDER/DEFENDANT CER	TIFICATI	ON	COLLECTOR CERTIFIC	CATION					
I certify that the information I p	provided a	above is true and correct	t. I I certify that I witnessed	the above off	fonder/defer	ndant provide the spec	cimen		
certify that the specimen I have	e provided	on this date is my own a	and identified by the Specim						
has not been adulterated or dilu the specimen bottle by me, ar			was applied to the speci	cimen bottle in	my presend	ce, and I have verified			
identification on this form and th			specimen identification of	on this form a	nd the bottle	e are identical.			
Offender / Defendent Signature			Collector Signaturo						
Offender / Defendant Signature		Date	Collector Signature			Date			
□ Check if the above offender/d	lefendant f	failed to provide a urine s	pecimen, and fax this form t	to the supervis	sing officer.				
Staff Signature:		Dat	te:						
ON-SITE LABORATORY USE	ONLY		TEST DATE:	REVIEWED	BY:	TEST TIME:			
Date Specimen Received:	S	pecimen Received Intact by:	-						
			·	ON-SITE POSITIVE					
			AMPHETAMINE		OXY				
			CANNABINOID			PCP			
				<u> </u>					
PLACE ON-SITE	BARCOD	E LABEL HERE				FENTANYL			
			ETHYL GLUCURONIDE		HYDRO				
			CREATININE:	NC	ORMAL	ABNORMAL			
			UNERTIMISE.		20mg/dL)	(<20mg/dL)			
				(	.0mg/u∟j	(Szolingrac)			
GC/MS Specimen ID #:									
GC/MS Tracking #:			r	Date cent for	confirmati	ion.			
GC/WS Tracking #.		Date sent for confirmation:							
On-Site Laboratory Comments:									