

United States Probation and Pretrial Services
Northern District of California
Chain of Custody for Drug Analysis

Screening Tray #

*REQUIRED (FAILURE TO COMPLETE WILL DELAY PROCESSING)

*Offender/Defendant Name (last, first, MI)		PLACE SPECIMEN ID LABEL HERE	
*Date of Birth	*FACTS NO.		
*Status (check one) ____ Presentence/Pretrial ____ Post Conviction/Probation	*Supervising Federal Officer:		
*Collection Date	*Collection Time AM PM	Admitted Illegal Drug Use by Offender / Defendant	
Medications (include date taken)		*Donor must list substance(s) and date(s) used and initial	
Special Test Options (circle all that apply): PCP Hydrocodone Alcohol 6-AM Other: _____ Benzo Fentanyl OXY 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:	<u>ON-SITE POSITIVE</u>	
PLACE ON-SITE BARCODE LABEL HERE		AMPHETAMINE _____	OXYCODONE _____
		CANNABINOID _____	PCP _____
		COCAINE _____	6-AM _____
		OPIATE _____	BUPRENORPHINE _____
		BENZODIAZEPINE _____	FENTANYL _____
		ETHYL ALCOHOL _____	HYDROCODONE _____
CREATININE: _____		NORMAL (≥20mg/dL)	ABNORMAL (<20mg/dL)
GC/MS Specimen ID #:			
GC/MS Tracking #:		Date sent for confirmation:	
On-Site Laboratory Comments:			