

PS21-A
10/1/06

SITE:

DIVISION:

Chain of Custody

Defendant's/Offender's Name

Sex

FACTS No.

Lab Accession No.

Officer:

Date of Birth:

I certify the identity and integrity of my specimen

Date:

Donor's Signature:

Start Time:

I witnessed the above donor's signature and certify that I have performed the specimen collection according to established procedures.

Collector's Signature:

Medication:

Admission of Illicit Drug Use No Yes

Admitted Use Of:

Date of Last Use:

Kroll No. for GC/MS Confirmation

Chain of Custody:

	INITIALS	DATE	TIME
1. Received	_____	_____	_____
2. Received	_____	_____	_____
3. Received	_____	_____	_____
4. Test	_____	_____	_____
5. Rerun Positive	_____	_____	_____
6. Rerun Invalid	_____	_____	_____

Results:

Positive

Negative

Amph/Meth	_____	_____
Opiates	_____	_____
Cocaine	_____	_____
Cannabinoid	_____	_____
Benzodiazepines	_____	_____
PCP	_____	_____
ETOH	_____	_____

NOTES:

- NIDT
- ADVIA
- Refused to Submit
- Stall
- Initial Specimen