

**Form 17: Drug Test Request Form for Onsite Testing Program  
(Chain of Custody)**

**CONFIDENTIAL—Urine Drug Test Request Form—CONFIDENTIAL**

**JUVENILE NAME OR ID #:** \_\_\_\_\_

**Collection Information:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Requested by: \_\_\_\_\_

Collected by: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Specimen Received by Lab:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Received by: \_\_\_\_\_

**Tests Requested:**

\_\_\_\_\_ Amphetamines

\_\_\_\_\_ Barbiturates

\_\_\_\_\_ Benzodiazepines

\_\_\_\_\_ Cannabinoids

\_\_\_\_\_ Methadone

\_\_\_\_\_ Methaqualone

\_\_\_\_\_ Opiates

\_\_\_\_\_ Phencyclidine

\_\_\_\_\_ Other tests \_\_\_\_\_  
\_\_\_\_\_

**Initial Screen:**

Analyzed by: \_\_\_\_\_

Results: \_\_\_\_\_

Negative for: \_\_\_\_\_

Positive for: \_\_\_\_\_

**Retest:**

Sent for reanalysis by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Testing method used: \_\_\_\_\_

Reanalysis done by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Results: \_\_\_\_\_

Negative for: \_\_\_\_\_

Positive for: \_\_\_\_\_

Results sent to: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Results received by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

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**Form 17: Drug Test Request Form for Onsite Testing Program (continued)**

**CONFIDENTIAL**

**JUVENILE NAME OR ID #:** \_\_\_\_\_

**COLLECTION INFORMATION:**

Collected by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Client's verification signature: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Comments: \_\_\_\_\_

**TESTS REQUESTED:**

_____ Alcohol	_____ Methadone
_____ Amphetamines	_____ Methaqualone
_____ Barbiturates	_____ Opiates
_____ Benzodiazepines	_____ Phencyclidine
_____ Cannabinoids	_____ Other tests _____
_____ Cocaine	_____

**RESULTS:**

Negative for: \_\_\_\_\_

Positive for: \_\_\_\_\_

Comments: \_\_\_\_\_

**CONFIRMATION REQUESTED:**

\_\_\_\_\_ Yes, for the following drugs: \_\_\_\_\_

\_\_\_\_\_ No \_\_\_\_\_

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Source:** American Correctional Association/Institute for Behavior and Health, Inc.