

# Form 3: Request for Drug Test(s)

## OFFENDER IDENTIFICATION INFORMATION:

Probationer/Parolee: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Agency #: \_\_\_\_\_  
Officer name: \_\_\_\_\_ Officer district: \_\_\_\_\_

## STATEMENT:

I am neither under the influence of any drugs or medication, nor have I taken any drugs or medication in the past three (3) weeks, other than those listed below. I certify that the urine specimen is my own, has not been tampered with by myself or anyone else, and I have sealed the container.

Medication within the past three (3) weeks: \_\_\_\_\_  
as prescribed for me by: (Physician's Name) \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ Container sealed by: \_\_\_\_\_  
Collection observer: \_\_\_\_\_ Juvenile signature: \_\_\_\_\_

## ADMISSION:

I acknowledge that I have used the following illegal drugs within the past three (3) weeks: \_\_\_\_\_  
Probationer/Parolee: \_\_\_\_\_ Date: \_\_\_\_\_

## REFUSAL TO SUBMIT TO DRUG SCREEN:

Date: \_\_\_\_\_  
Probationer/Parolee signature: \_\_\_\_\_ Officer signature: \_\_\_\_\_

## TYPE OF DRUG SCREEN REQUESTED:

Reason for request:  Intake  Suspected drug use  Random test  Scheduled test  Other, specify: \_\_\_\_\_  
 Full drug screen (tests for 5 categories)  Partial drug screen (tests for 1-3 categories). Specify drugs: \_\_\_\_\_

## CHAIN OF CUSTODY:

Date/Time	Released by	Received by	Purpose of change
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## TEST SITE USE ONLY:

Test methodology: \_\_\_\_\_ Test date: \_\_\_\_\_  
Test performed: \_\_\_\_\_  
 Barbiturate  Benzodiazepine  THC  Cocaine  Amphetamine  Opiate  Other, specify: \_\_\_\_\_  
Location sent: \_\_\_\_\_  
Container received by: \_\_\_\_\_ Time: \_\_\_\_\_  
Specimen tested and results were:  NEGATIVE  POSITIVE for \_\_\_\_\_  
Specimen tray #: \_\_\_\_\_ Position #: \_\_\_\_\_  
Operator: \_\_\_\_\_ Date: \_\_\_\_\_  
Date results received: \_\_\_\_\_  
Confirmation test:  Yes  No Confirmation methodology: \_\_\_\_\_  
Test performed: \_\_\_\_\_  
 Barbiturate  Benzodiazepine  THC  Cocaine  Amphetamine  Opiate  Other  
Specimen tested and results were:  NEGATIVE  POSITIVE for \_\_\_\_\_  
Container received by: \_\_\_\_\_ Time: \_\_\_\_\_  
Location sent: \_\_\_\_\_ Date sent: \_\_\_\_\_  
Date results received: \_\_\_\_\_

Source: American Probation and Parole Association