
Form 5: Specimen Collection Checklist

Name of Specimen Provider

DOC #

Test Conducted By

Date/Time

INITIAL EACH STEP UPON COMPLETION

- _____ 1. Verify ID of specimen provider.
- _____ 2. Have provider sign Consent and Release of Information Form and Substance/Medication Screen Record.
- _____ 3. Place name, DOC #, agency, and office number on container label. Provider initials label.
- _____ 4. Give provider container. Supervising officer present.
- _____ 5. Collection observed.
- _____ 6. Seal container top tightly. Place provider's name and DOC # on evidence tape with marker pen. Provider initials evidence tape next to name.
- _____ 7. Specimen stored immediately or sent to onsite testing.
- _____ 8. Complete Chain of Custody Form to accompany specimen to laboratory.

Source: American Probation and Parole Association