
Form 8: Urinalysis Report

Date: _____ Time: _____

Juvenile name: _____

Probation or parole officer's name: _____

CHECK AND INITIAL APPROPRIATE BOX BELOW:

This specimen is being tested for a narcotic, dangerous drugs, or marijuana:

- I HAVE NOT taken any medication, narcotic, or over-the-counter drug 72 hours prior to producing this urine specimen.
- I HAVE taken medication, a narcotic, or over-the-counter drug 72 hours prior to producing this urine specimen. I took:

as prescribed for me by: _____

Physician's name

In producing this urine specimen, I certify: (1) I do not have on my person nor am I using any other urine or device that will cause the substitution of another's urine for my own; (2) I have not taken any substance that will cause any change in my urine for the purpose of avoiding detection of illegal drugs I have used.

I certify the above information is true and understand that giving false or misleading information shall constitute a violation of my probation.

Probationer's signature _____

Specimen collected at _____

Monitored by _____

Source: American Probation and Parole Association