

**United States Probation Office
Eastern District of Texas
Non-Instrumented Drug Test Chain of Custody Form**

I. Collection *(each section must be completed)*

Last Name	First Name	PACTS ID	Sex Male Female
Date of Birth	Pretrial <input type="checkbox"/> Post Conviction <input type="checkbox"/>	Collection Date	Time of Collection AM / PM
Medication (Name/Date Last Used)	Supervising Officer	Collection Site:	

Notes: _____

Does the specimen appear diluted? Yes No Was the specimen observed? Yes No

II. Signatures

I certify that the specimen I have provided on this date is my own and has not been adulterated. An NIDT analysis was conducted in my presence. I certify the identity and integrity of my specimen.

Donor's Signature: _____ **Date:** _____

I certify I witnessed the above donor's signature, that I performed the NIDT analysis, and that the results of the specimen analysis are correctly noted below.

Collector's Signature: _____ **Date:** _____

III. Results of the NIDT analysis of the donor's urine specimen:

NEGATIVE

POSITIVE for

- American Screening Reveal Mini Testcup
- American Drug Screening ECO CUPS

- Marijuana
- Cocaine
- Opiates
- Benzodiazepines
- Methamphetamine
- Amphetamine
- PCP
- Synthetic Marijuana (K2)
- Oxycodone
- Ecstasy (MDMA)

Alere GC/MS Confirmation:	
Bar Code # _____	
Date Forwarded: _____	Sent by: _____
Drugs Requested: _____	
Confirmation Received: _____	
GC/MS Results: _____	