



For Use With Hand Held Test

Vendor Name:

BPA No. 0977-201-

Specimen No. 1011- \_\_\_\_\_

PACTS #

**Number will be date and item number**

*Example: Sample taken on 4/19/04  
Offender 1<sup>st</sup> to submit- 1011-041904-01*

Collector's Name:

Case Officer's Initials:

Date Collected:

Offender/Defendant Name:

Last:

First:

PACTS #:

- Probation
- Pretrial

Reason for Specimen:

- Substance Abuse Treatment
- Urine Surveillance

Other (specify):

Medical Questionnaire:

- NONE

Medicine Name:

Reason for Use:

Date Used:

Offender/Defendant Certification

I certify the specimen I have provided on this date is my own and has not been adulterated. The specimen was tested in my presence.

Offender/Defendant Signature

Specimen Collector Certification

I certify I collected the specimen identified on this form in accordance with the required collection procedures.

Collector's Signature

Date

**RESULTS:**    **NEGATIVE**    **POSITIVE**