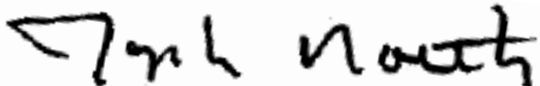
 <p>Corrections and Community Supervision</p> <p>DIRECTIVE</p>	<p>TITLE</p> <p>Urinalysis Testing</p>		<p>NO. 4937</p>
			<p>DATE 02/01/2024</p>
<p>SUPERSEDES</p> <p>DIR. #4937 Dtd. 09/06/22</p>	<p>DISTRIBUTION</p> <p>A B</p>	<p>PAGES</p> <p>PAGE 1 OF 11</p>	<p>DATE LAST REVISED</p>
<p>REFERENCES (Include but are not limited to)</p> <p>7NYCRR, Part 1020; ACA Expected Practice 5-ACI-5E-11; Directive #2011; Standards of Incarcerated Individual Behavior</p>		<p>APPROVING AUTHORITY</p> 	

- I. **POLICY:** Urinalysis test procedures shall be used to verify whether or not an incarcerated individual has used illicit drugs and/or alcohol.
- II. **DESCRIPTION:** This directive outlines the procedures to be followed by each facility in the administration of incarcerated individual urinalysis testing.
- III. **BACKGROUND:** The use of illicit drugs and alcohol by incarcerated individuals presents a serious threat to the safety and security of a correctional facility. Urinalysis testing of incarcerated individuals can be an effective means by which to detect and discipline incarcerated individuals who use illicit drugs and/or alcohol. Aggressive and consistent urinalysis testing will be one of many components of a program to ensure a drug-free environment within the Department's facilities.
- IV. **PROCEDURE:** Urinalysis testing of incarcerated individuals shall be conducted as set forth below.
 - A. Reasons for Testing
 1. Suspicion Testing
 - a. Upon the order of a Captain or higher authority, when correctional staff have reasonable suspicion to believe, based on articulable facts, that the incarcerated individual has used illicit drugs and/or alcohol.
 - b. The incarcerated individual has been or is alleged to have been involved in an act of violent misconduct. Discretion should be exercised based upon the circumstances and severity of the violent misconduct to determine if urinalysis testing is necessary.
 - c. Upon the order of a Deputy Superintendent for Security (DSS) or higher authority requiring targeted testing as part of any identifiable facility unit, program area, or group of incarcerated individuals.
 - d. When the incarcerated individual is found to be in possession of suspected illicit drugs, alcohol, associated paraphernalia, or when these items are detected or discovered in an area controlled, occupied, or inhabited by the incarcerated individual.
 - e. When the incarcerated individual is observed to be in possession of or using illicit drugs and/or alcohol, but correctional staff are unable to obtain a sample of the substance.

2. Routine/Random Testing

- a. When an incarcerated individual participates in a furlough, work release, or other Temporary Release Program, urinalysis testing will be accomplished on a random or routine schedule when the incarcerated individual returns to the facility.
- b. Prior to and after an incarcerated individual participates in a Family Reunion Program visit.
- c. As a requirement for incarcerated individuals participating in the Residential Substance Abuse Treatment.
- d. As part of a computer-generated program for random testing of all incarcerated individuals.

NOTE: The urinalysis testing program shall not be used for the purpose of harassing or intimidating any incarcerated individual. No disciplinary action may be taken against any incarcerated individual, including those participating in a Shock Incarceration Program, drug treatment program, work release, or other Temporary Release Program, absent a confirmatory test. However, based on their demeanor, security staff may have an incarcerated individual assessed by medical staff to determine if the incarcerated individual is impaired (e.g., intoxicated, medical condition, etc.) in such a manner which could pose a security risk. If such condition is determined to exist, by medical, the DSS or higher authority will conduct a review to determine what action should be taken, including a thorough examination of the incarcerated individual's housing location and program assignment, to decide its appropriateness.

Upon an initial positive test result, a Temporary Release participant must be detained in the facility until the results of the confirmatory test are received from the outside vendor laboratory. The following notifications shall be made by the Temporary Release Offender Rehabilitation Coordinator:

1. The employer of the participant will be informed they are being detained for Departmental reasons.
2. The assigned Parole Officer.

No incarcerated individuals, to include Temporary Release participants, shall be held past an open date or a date of certain release, to include an approved Conditional Release date, pending the results of the confirmatory test from the outside laboratory.

- B. Identifying the Incarcerated Individual to be Tested: The incarcerated individual for whom a urinalysis test is requested shall be identified by an employee and reported to a Captain or higher authority, who will authorize urinalysis testing and document it on [Form #2082](#), "Request for Urinalysis."

NOTE: In facilities where Lieutenants serve as Acting Captains, such Lieutenants may approve the urinalysis test. However, only upon the order of a DSS or higher authority will targeted testing as part of any identifiable facility unit, program area, or group of incarcerated individuals be conducted.

- C. Ordering the Incarcerated Individual to be Tested: The incarcerated individual ordered to submit a urine specimen for urinalysis testing shall be informed of the underlying reason (whether suspicion, routine, or random) why they are being ordered to submit the specimen.

If the incarcerated individual refuses to submit the specimen, they shall be informed that this refusal constitutes as a violation of facility rule 180.14, "Urinalysis Test," and that they may incur disciplinary sanctions.

The resultant [Form #2171](#), "Incarcerated Individual Misbehavior Report," shall indicate that the incarcerated individual was informed of the above.

D. Obtaining the Urine Specimen

1. The incarcerated individual shall be escorted or shall report to the facility hospital, clinic, or other appropriate designated area.
2. Security staff will inspect the Premier Bio-Cup foil pouch to ensure its integrity and confirm the expiration date is current. Then, write the incarcerated individual's name, Department Identification Number (DIN), and date of testing on the Premier Bio-Cup, which shall be written in indelible ink.
3. Security staff shall hand the Premier Bio-Cup to the incarcerated individual to verify their name, DIN, and the date on the specimen cup.
 - a. The incarcerated individual shall also be asked if they have taken any medications in the past month, and their response is to be noted on [Form #2082](#). If the incarcerated individual's response is "yes," the medications must be listed on the test request and chain of custody document for NAVIS. If the initial test is positive, in all instances, an inquiry shall be made to the Facility Health Service Director, Physician, or Pharmacist regarding medications to include Office of Mental Health prescribed medications, the incarcerated individual has taken in the last month. This information must be noted on [Form #2082A](#), "Incarcerated Individual Medication List Review for Urinalysis Testing." If upon review of [Form #2082A](#), the Facility Health Service Director, Physician, or Pharmacist determine that medications administered within the previous 30 days, may have caused an initial false positive urinalysis test, then the sample should be disposed of, in accordance with current policy. If the medications, prescribed or administered, would not cause a potential cross-reactivity issue, then the specimen shall be forwarded to NAVIS Clinical Laboratories for confirmation testing.
 - b. Any potential cross-reactivity issues must be referred to the confirmatory laboratory for determination.
4. Security staff shall ensure that the incarcerated individual submits an unadulterated urine specimen (minimum 30 ml) in the specimen cup provided by witnessing the incarcerated individual urinate into the cup. The incarcerated individual must be pat frisked prior to submitting the urine specimen and may be required to wash their hands or wear gloves to further ensure that the specimen submitted is that of the incarcerated individual. The foregoing shall be conducted by security staff of the same gender, in private, and outside the presence of other incarcerated individuals or staff.

Female incarcerated individuals may be required to urinate into a urine collector or an unused specimen cup, rather than the testing device itself. The contents of the collector or the cup shall then be transferred to the testing device by the incarcerated individual, or by the witnessing security staff person in the presence of the incarcerated individual.

Obtaining a urine specimen from an incarcerated individual who has been diagnosed with Gender Dysphoria shall presumptively be conducted by staff of the same gender as the gender classification of the facility.

This presumption is subject to review by Central Office on a case-by-case basis following an incarcerated individual's transfer to a facility consistent with their gender identification or identification of other factors that may warrant a different determination. Staff shall apply procedures as appropriate based upon the anatomy of the incarcerated individual.

If an incarcerated individual's genital status is unknown, a medical provider may determine their genital status during conversations with the incarcerated individual, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

5. If the incarcerated individual is unable to provide a urine specimen immediately, they shall be detained until they are able to provide a urine specimen. Drinking water should be available in an amount not to exceed eight ounces per hour.

An incarcerated individual who is unable to provide a urine specimen within three hours of being ordered to do so shall be considered refusing to submit the specimen.

The incarcerated individual shall be informed that this refusal constitutes a violation of facility rule 180.14 and that they may incur disciplinary sanctions. The resultant [Form #2171](#) shall indicate that the incarcerated individual was informed of the above.

NOTE: Incarcerated individuals participating in an approved religious fast should not be required to provide a urine sample during fasting periods, since consumption of water may be necessary. Sample requests should be scheduled during other periods of the day and normal urinalysis testing procedures should then apply, including offering water to those incarcerated individuals unable to provide a urine sample.

6. Once the sample has been obtained, the incarcerated individual will place the lid on the specimen cup and tighten it. The security staff person observing the collection will then take control of the capped urine specimen.
7. The security staff person witnessing the submission of the specimen by the incarcerated individual shall make the appropriate notation on [Form #2082](#).

If the incarcerated individual is unable within three hours of being ordered or if the incarcerated individual refuses to submit a urine specimen, this fact shall be noted on [Form #2082](#) and [Form #2171](#), charging the incarcerated individual with facility rule 180.14.

- E. Procedure for Incarcerated Individuals Claiming to be Unable to Urinate in the Presence of Others: The following procedures shall be employed when there is reasonable belief that the incarcerated individual is unable to provide a urine specimen due to an alleged inability to urinate in the presence of others (shy bladder).

Reasonable belief is based upon the following criteria, including, but not limited to:

- A review of the Statewide Special Accommodation list by the Superintendent, DSS, or Captain, to ascertain whether the particular incarcerated individual is listed on the "I-M_Spec_urinalysis_Accom" list in the Facility Operations shared drive folder.
 - Prior disciplinary (FIDS) data indicating a history of urinalysis testing violations, if applicable, and/or computerized urinalysis testing (KDTS) data indicating if the incarcerated individual has provided a urine sample in the past with or without the use of alternate processes.
 - Any medical or mental health records supporting the incarcerated individual's claim (records to be reviewed by Health Services and/or OMH staff [see [Form #4937D](#), "Medical/Mental Health Records Review for Incarcerated Individuals Claiming to be Unable to Provide a Urine Sample Under Staff Observation"]]). For facilities absent OMH staff, a Health Services inquiry is all that is required.
 - The incarcerated individual's behavior and demeanor at the time of request for the urine sample.
1. Authorization: The facility Captain shall be notified by the security staff member assigned to obtain the urine sample and provide verbal authorization for these procedures.
 2. Location: The procedure shall take place in temporary isolation, in the facility drug watch cell/room or other appropriate designated area.
 3. Procedure:
 - a. The incarcerated individual shall be strip frisked (to be recorded on [Form #1140](#), "Report of Strip Search or Strip Frisk"), subject to a metal detector search, and given a gown or other garment to wear prior to placement in the drug watch cell/room, and will be required to wash their hands or wear gloves to further ensure that the sample is unadulterated. The cell/room shall be thoroughly searched prior to admission of the incarcerated individual and, if applicable, the water supply to the cell/room shall be turned off.
 - b. Security staff shall hand to the incarcerated individual the specimen container, labeled with the incarcerated individual's name, DIN, and the date, consistent with the provisions of subsection IV-D-3. Security staff shall not witness the incarcerated individual urinate into the specimen container.
 - c. The incarcerated individual shall be detained until they are able to provide a urine specimen for up to three hours including any time prior to a determination that special arrangements are necessary. Drinking water should be made available in an amount not to exceed eight ounces per hour. Water given to the incarcerated individual shall be consumed under the direct observation of staff. The incarcerated individual shall not be allowed to retain any amount of water.
 - d. An incarcerated individual who is unable to provide a urine specimen within three hours of the initial order to produce a sample shall be considered to be refusing to submit the specimen and [Form #2171](#) will be issued, citing the incarcerated individual with charge 180.14 and noting that the procedures listed in subsection IV-E-3 were followed.

- F. Report of Special Accommodations: Whenever an incarcerated individual has been approved by a facility for a special urinalysis accommodation, an Outlook email will be sent by the DSS (or functional equivalent in those facilities without a DSS) to Doccs.sm.SpecialHousing with the following information, utilizing the format listed below:

Incarcerated Individual's DIN	
Incarcerated Individual's Name	
Facility Name	<i>Originating facility</i>
Date of Request	<i>i.e., Date the incarcerated individual requests the special accommodations</i>
Reason for Special Accommodations	<i>i.e., medical, shy bladder syndrome</i>

Facility Superintendents, DSSs, and Captains may access the Statewide list through the Facility Operations shared drive in the "I-M_Spec_urinalysis_Accom" folder.

- G. Process the Urine Specimen
1. All persons handling the specimen shall be noted under "Chain of Custody" on [Form #2082](#). The number of persons handling the specimen shall be kept to a minimum. The specimen shall be kept in a secure area at all times.
 2. The security staff member collecting the sample and performing the testing shall have been appropriately trained in the use of the testing device and shall precisely follow procedures recommended by the manufacturer for the operation of the testing device.
 - a. The security staff member will inspect the temperature strip to ensure the urine sample is within normal range (90-100 degrees Fahrenheit).
 - b. Security staff will then move the Premier Bio-Cup privacy label and read the results on the contained testing strips (five minutes of elapsed time are required from collection).
 3. A logbook shall be kept in the urinalysis/drug testing room and each person accessing the room shall note their name, the date, and the time of each such access. In addition, a logbook of all tests conducted will be maintained. The testing logbook must contain the date of test, incarcerated individual's name, incarcerated individual's DIN, name of the individual performing the test, results of the test, and the date the sample was forwarded to the laboratory, if applicable. Logbook entries must be current at all times. Urinalysis tests conducted will be recorded in the logbook daily.
 4. Initial Test
 - a. If a negative result is obtained on the initial test, no further testing is warranted, no Incarcerated Individual Misbehavior Report will be issued, and the sample will be disposed of.

The results shall be noted in the logbook, on [Form #2082](#), and on [Form #2083.1](#), "Urinalysis Procedure Form," which will be retained in accordance with Directive #2011, "Disposition of Departmental Records." An entry into KDTS indicating the reason and result will be entered prior to the end of shift in which the test occurred.

- b. If a positive result is obtained on the initial test, the results obtained shall be noted by the operator in the logbook, on [Form #2082](#), and on [Form #2083.1](#). An entry into KDTS indicating the reason and result will be made prior to the end of shift in which the test occurred. Security staff will complete the "Test Request & Chain of Custody Document" (Attachment B), an incarcerated individual's signature is not required. Additionally, the security staff collector will:

- (1) Initial the tamper seal.
- (2) Ensure the security seal is appropriately affixed to the Premier Bio-Cup following a preliminary positive result.
- (3) Secure the sealed Premier Bio-Cup in the vendor-provided plastic bag with accompanying "Test Request & Chain of Custody Document" and insert into a NAVIS shipping box. The box and contents shall be mailed via FEDEX to the NAVIS Clinical Laboratories for confirmation testing.

NOTE: The initial positive urine specimen in the Premier Bio-Cup should not be frozen. If the initial positive urine specimen is collected after mail pickup or on weekends, the sample should be prepared for shipment utilizing the NAVIS shipping box and stored in the refrigerator until the next mail pickup. All samples should be sent out daily and not stored for bulk shipping.

- c. Incarcerated Individuals shall not be negatively impacted in any way until a positive confirmation test result is received from the NAVIS Clinical Laboratories.

5. Confirmatory Test

- a. If a positive result is obtained from the confirmatory test, the results of this second test shall be noted in the logbook, on [Form #2082](#), and on [Form #2083.1](#). The individual receiving the results shall issue [Form #2171](#). The incarcerated individual's copy of [Form #2171](#) shall be accompanied by [Form #2082](#), the incarcerated individual's printed results produced by the outside vendor laboratory for the positive confirmatory test, a copy of the methods and procedures used by the testing laboratory or facility, and a statement of the scientific principles and validity of the testing apparatus used by the laboratory or facility. Refer to Attachment A, "Statement of Scientific Principles – Huntington Laboratory." An entry into KDTS indicating the result will be entered prior to the end of shift in which the results were received.
- b. If a negative test result is obtained on the confirmatory test, the specimen shall be considered negative and no Incarcerated Individual Misbehavior Report shall be written. The results shall be noted in the logbook, on [Form #2082](#), on [Form #2083.1](#), and retained in accordance with Directive #2011. An entry into KDTS indicating the result will be entered prior to the end of shift in which the results were received.

- V. USE OF RESULTS:** In a subsequent disciplinary proceeding, a positive urinalysis result may be used as evidence of the illicit use by the incarcerated individual of the drug and/or alcohol indicated by the result. The record of the disciplinary proceeding must include [Form #2082](#) and [Form #2083.1](#), as well as the following: the report of the testing laboratory, a copy of the methods and procedures used by the testing laboratory, and a statement of the scientific principles and validity of the testing apparatus used by the laboratory.
- VI. STATISTICAL DATA AND DEVICE INVENTORY:** All results obtained in the course of the Urinalysis Testing Program shall be entered in KDTS. All urinalysis testing devices must be accounted for on [Form #2092.1](#), "Urinalysis Testing – Perpetual Inventory and Issue Log," which must be kept current and accurate.
- VII. RESPONSIBILITIES:** The Superintendent or designee, not to fall below the rank of Captain, shall ensure strict adherence to this directive.
- NOTE: The provisions in this directive in no way precludes facility staff from escorting an incarcerated individual to medical for assessment, and, if warranted, the making of a determination that they are under the influence of an alcoholic beverage or intoxicant, by medical staff, as outlined in the Standards of Incarcerated Individual Behavior.
- VIII. DRUG USE/OVERDOSE REFERRAL:** [Form #2085](#), "Drug Use/Overdose Referral," will be completed by any employee who becomes aware of incidents which may indicate an incarcerated individual has overdosed or engaged in substance abuse. The completed [Form #2085](#), along with all supporting documentation (i.e., urinalysis testing form, confirmatory test from drug possession, toxicology report, etc.), will be submitted to the Deputy Superintendent for Program Services (DSP) for review. Upon review, the DSP will make a recommendation for the incarcerated individual to be enrolled in either the Medication for Addiction Treatment program, the substance abuse treatment program, or any other program as deemed appropriate.



STATEMENT OF SCIENTIFIC PRINCIPLES – HUNTINGTON LABORATORY

Laboratory Certifications

Navis Clinical Laboratory's Huntington, New York, laboratory is accredited by the College of American Pathologists (CAP) and has maintained this certification since first becoming accredited in October 2013. In addition to the CAP certification and federal CLIA license, current state specific licenses include the New York Department of Health (DOH), Maryland DOH, Pennsylvania DOH, California DOH, New Jersey DOH, and Rhode Island DOH. The official business name for our Huntington laboratory is American Forensic Toxicology Services, LLC.

Our laboratory certifications require on-site inspections where the critical elements to ensure accurate defensible results are examined. These include instrument maintenance logs and Quality Control review to ensure satisfactory instrument and reagent performance.

Testing Accuracy

At Navis, all tests are performed using rigorously validated methods, both initially and annually thereafter, and accuracy is continuously monitored using quality control samples. A very strict set of quality criteria must be met for every sample for release and reporting and is in accordance with CAP guidance. Purchased and validated known compound commercial standards are run to ensure correct identification of the drug and testing accuracy.

All testing processes are routinely challenged through proficiency testing, that is blinded to the staff, to ensure accuracy and robustness of our testing and certification process and graded against peer laboratories. All testing procedures and instrument methods are routinely evaluated for precision and accuracy. These validations are critically reviewed during the inspection processes that are required to maintain our accreditations.

Every sample tested and resulted by Navis is thoroughly reviewed, certified and released by a highly trained certifying scientist. Our staff is selected and trained to meet all of the requirements of our accrediting agencies. The result certification process is routinely audited through internal quality control steps, built in software quality control and by our accrediting agencies on an annual basis.

Testing Methodologies

Standard practice in toxicology, especially in legally defensible drug testing, is the practice of performing two tests, distinct from one another on separate portions of the sample. This first test is considered a presumptive screen that identifies compounds at the drug class level, is qualitative, and does not require significant sample preparation. If the sample is found to be a presumptive positive, a second portion of the sample is then prepared and run on a more specific and sensitive technology that definitively identifies the drug or metabolite present and provides a quantitative value.

Navis utilizes EMIT (Enzyme-Multiplied Immunoassay Technique) and ELISA (Enzyme Linked Immunosorbent Assay) methods for initial laboratory screening. This instrumentation allows for rapid, cost efficient, selective



testing of several analytes simultaneously to identify negative from positive drug classes. The EIA screens used by Navis are selected for their ability to detect drugs of a specific class with a high degree of reliability. All methods have been independently and extensively validated by our laboratory. Quality control criteria is met in accordance with CAP, CLIA and the New York Department of Health program guidelines.

Navis uses Liquid Chromatographic/Tandem Mass Spectrometric (LC-MS/MS) methods to perform legally defensible confirmation tests. Gas Chromatography – Flame Ionization Detector (GC/FID) is used for ethanol confirmations. The dual mass-spectrometer of the LC-MS/MS provides for more specific and more sensitive analyses. This allows us to better distinguish the analyte in question from interfering substances such as adulterants or a similar drug, while also allowing measurement of the drug at much lower concentrations, making LC-MS/MS analyses less susceptible to dilution efforts by the donor.

Specimen Validity

Navis follows a strict protocol to detect specimen validity, tampering and/or adulteration. The initial inspection step is to identify potential tampering of the sample after it was sealed at collection. Upon receiving a specimen, the sealed bag containing the specimen and requisition form is opened and inspected to ensure the sample was still sealed and COC intact. The number on the bottle is compared to the number on the requisition and the specimen tamper seal is inspected for tears or perforations. If intact, the process moves forward to the manual validity check to identify attempts to tamper during the collection process. This includes a visual inspection for unusual color, physical characteristics, odors, and excess foaming or lack of foaming during manual agitation. Additionally, every specimen received to the lab undergoes a basic adulteration check during the screening process on the immunoassay instrumentation. Any specimen abnormalities or unusual instrument responses are reported on the final test result report for that sample. If an abnormality is identified in the initial basic adulteration checks, an extended and more specific adulteration panel can be performed including pH, specific gravity, surfactants, uric acid and oxidants. Every urine specimen is tested for creatinine to assess for specimen dilution or substitution. Validity testing is based on the College of American Pathologists and New York Department of Health guidelines.

Chain of Custody

Navis follows all appropriate guidelines that ensure legal defensibility of the chain of custody documentation, in accordance with our various certification requirements. Legal defensibility is maintained by the proper identification of the specimen donor and using external (prior to specimen's arrival in the laboratory) and internal (within the laboratory environment) chain of custody documentation. Our COC process is designed to properly identify the donor and document specimen collection, specimen transfer, specimen receipt at the laboratory, subsequent handling within the laboratory, secured storage, and final disposal.

**NAVIS**
CLINICAL LABORATORIESHuntington Lab
CLIA #33D1103254
789 Park Avenue
Huntington, NY 11743Tacoma Lab
CLIA #5000891660
2817 East L Street
Tacoma, WA 98421Worcester Lab
CLIA #22D028629
415 Main Street, 4th Floor
Worcester, MA 01608

NavisClinical.com 866-206-7721



NCLC011987

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STEP 1 TO BE COMPLETED BY COLLECTOR (please print clearly in blue or black ink)

Donor Name

Last First M

Donor ID Number

(Optional)

MUST BE UNIQUE TO DONOR

CLIENT

STEP 2 TO BE COMPLETED BY COLLECTORCollection Observed ☐ Yes ☐ NoDonor Identified By: ☐ Drivers License ☐ Photo ID ☐ Other _____

Collection Date:

Month

Day

Year

Time

:

AM

PM

Specimen Temperature must be read within 4 minutes of collection

Specimen Temperature within range: (90°-100°F / 32°-38°C) ☐ Yes☐ No, Remark Required _____

Collector Certification: I certify that the specimen identified on this form was given to me by the donor identified above and was collected, labeled, sealed, and transferred to the delivery service indicated.

Collector Signature

Collector Name (printed)

STEP 3 TO BE COMPLETED BY DONOR

Donor Consent: I consent to the collection and testing of the specimen (blood, hair, urine or oral fluid) for drugs and/or alcohol and certify that the specimen(s) submitted to the laboratory is/are my own and accurately labeled and securely sealed. I consent to the reporting of results only to the employer or requesting agency.

Donor Signature: _____

Collection Date:

STEP 4 Select Test To Be Performed:

U-ETG1LC-R

___ EtG/EIS Screen to Confirm

U-BUPLC-R

___ Buprenorphine Screen to Confirm

U-OPILC-R

___ Opiates Screen to Confirm

U-THCLC-R

___ THC Screen to Confirm

U-COCLC-R

___ Cocaine Screen to Confirm

U-SPCLC-C

___ Spice/K2 Confirmation

LIST MEDICATIONS CURRENTLY BEING TAKEN: _____

BILL ORDERING AGENCY

Printed date

Client#

Revised

TAMPER SEAL



NCLC011987



NCLC011987

PLACE OVER TOP OF BOTTLE

Date

Donor Initials



NCLC011987

Date Initial

NCLC011987

LAB COPY

NON-DOT

NON-DOT