



# LABORATORY URINE DRUG ANALYSIS REQUEST / CHAIN OF CUSTODY

Control Number  
For Lab Use Only

This sample is submitted by an active DRE, or  
 This sample is NOT submitted by an active DRE, however payment for processing will be billed to \_\_\_\_\_  
Name / Agency Billing Address

Suspect's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_ Incident City: \_\_\_\_\_

Specimen Collection Date: \_\_\_\_\_ Collection Time: \_\_\_\_\_ Specimen Temperature: \_\_\_\_\_

Specimen Collection City: \_\_\_\_\_ Arresting Officer \_\_\_\_\_

DRE's Name: \_\_\_\_\_ DRE's Agency: \_\_\_\_\_

Send Results To: \_\_\_\_\_ Send Copy To: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List all medications and/or illicit drugs found on or admittedly used by the suspect:**

- Ambien  Adderall  Methylphenidate  Klonopin  Marijuana  Methadone  
 Oxycodone  Soma  Hydrocodone  Suboxone  Cocaine  Xanax  Heroin

**A urine specimen is necessary for all drug categories except inhalants. A blood specimen is optional for all drug categories except inhalants. Blood screening will require prior approval from BHS.**

**Check suspected drug category  
Supported by DRE evaluation**

CNS Depressants \_\_\_\_\_  
CNS Stimulants \_\_\_\_\_  
Hallucinogens \_\_\_\_\_  
Dissociative Anesthetics \_\_\_\_\_  
Narcotics \_\_\_\_\_  
Inhalants \_\_\_\_\_  
Cannabinoids \_\_\_\_\_

CHAIN OF CUSTODY		
From _____	Time _____	Date _____
To _____	Time _____	Date _____
To _____	Time _____	Date _____
To _____	Time _____	Date _____