State of Alaska

Easilites	
Facility: _	

Substance Abuse Testing

Prisoner Name:	DOB:	Prisoner#		
Request specimen be tested for:	COC THC OPI AMP	mAMP BZO Other:		
Request made by:	Title:	Date:		
Request approved by:	Title:	Date:		
The prisoner, whose identity was verified by Photo ID, was ordered to submit a test specimen on the following basis: Spot Check Routine Random Probation and Parole or Outside Agency The prisoner was asked if any medication had been consumed in the past 30 days: Prisoner stated has not taken any medication; Prisoner stated has taken the following medication: This information was verified by medical staff The prisoner was asked if any unauthorized substances had been consumed in the past 30 days:				
Prisoner stated has not taken an substances:		ted has taken the following		
The prisoner				
	CHAIN-OF-CUSTODY			
	Name and initals of staff	Date & Time		
Specimen secured:				
Specimen transported to laboratory:				
Specimen laboratory result received:				
Specimen placed in storage:				
Specimen discarded:				
Charliman transferred to other				