**REQUEST FOR LABORATORY CONFIRMATION**

Individual testedDOC number Facility/office, unit/bed

Employee/contract staffDate of test

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| **TESTING CONDUCTED** |

[ ]  An onsite urine test was conducted per DOC 420.380 Drug/Alcohol Testing. The results were positive for:

 [ ]  Adulterants/Dilutions (ADL) - $4.05 [ ]  Methamphetamine (MET) - $12.50

 [ ]  Benzodiazepine (BZO) - $12.50 [ ]  Opiates (MOP) - $12.50

 [ ]  Buprenorphine (BUP) - $12.50 [ ]  Oxycodone (OXY) - $12.50

 [ ]  Cocaine Metabolite (COC) - $12.50 [ ]  Phencyclidine (PCP) - $12.50

 [ ]  Fentanyl (FTY) - $15.00 [ ]  Spice/Synthetic cannabinoid (SPC) - $19.50

[ ]  Methadone (MTD) - $9.25 [ ]  Tetrahydrocannabinol (THC) - $12.50

[ ]  Presumptive drug test was conducted per DOC 420.385 Presumptive Drug Testing - $50

The results were positive for:

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| **ACKNOWLEDGMENT** |

[ ]  I waive laboratory confirmation

[ ]  I request my positive test be sent to the Department-approved contracted laboratory for confirmation

I understand and acknowledge that if the laboratory confirms the positive results, I am financially responsible for the cost of the test. I understand the laboratory will test for the substance(s) that screened positive.

I agree to the cost of confirmation testing as listed above. If my trust account lacks sufficient funds, a debt will be created up to the amount of the total cost.

Signature Date

**State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.**

Distribution: **ORIGINAL** - Drug Testing Coordinator

 **COPY** - Individual, Intelligence and Investigations, Hearings (if applicable)