



REQUEST FOR LABORATORY CONFIRMATION

_____ Individual tested	_____ DOC number	_____ Facility/office, unit/bed
_____ Employee/contract staff	_____ Date of request	_____ Specimen ID number

An onsite urine test was conducted on the above named individual per DOC 420.380 Drug/Alcohol Testing. The results were positive for:

Instant Onsite Test Cup:

- Methamphetamine - \$12.50
- Buprenorphine (Suboxone) - \$12.50
- Cocaine Metabolite - \$12.50
- Benzodiazepine - \$12.50
- Opiate (MOP) - \$12.50
- Oxycodone - \$12.50
- Tetrahydrocannabinol (THC) - \$12.50

Onsite Test Strip:

- Phencyclidine (PCP) - \$12.50
- Adulterants/Dilutions - \$4.05
- Spice/Cannabinoid - \$19.50
- Methadone - \$9.25
- Fentanyl - \$15.00

ACKNOWLEDGMENT

I request my positive urine 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 the specimen 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 (must be date of test)
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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** - Incarcerated Individual