**LABORATORY CONFIRMATION REQUEST**

**FOR PRESUMPTIVE DRUG TESTING**

Individual tested DOC number Date of test

Employee/contract staff Evidence case number Infraction Group Number

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| --- |
| **TESTING CONDUCTED** |

A presumptive drug test was conducted per DOC 420.385 Presumptive Drug Testing. Laboratory confirmation will cost $50 per substance.

The results were positive for:

|  |
| --- |
| **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)