

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Correctional Institutions Division
Offender Controlled Substance Testing Information Form**

Instructions: This form is to be utilized to document every "positive" test, as well as to request a "reasonable suspicion" test.

I. OFFENDER / HOUSING INFORMATION

Offender Name: _____ **TDCJ #:** _____ **Custody:** _____
Unit: _____ **Cellblock/Pod:** _____ **Row/Section:** _____

II. TESTING CRITERIA

Instructions: If "reasonable suspicion," the Warden or designee shall approve, noting the reason for suspicion.

Testing Criteria: (check one) Targeted Random Reasonable Suspicion

Enter the Specific Reason for Suspicion:

Approved by (Print Name/Title): _____ Signature/Date: _____

Offender Refused to Submit to Testing DTC/Staff Initials/Date: _____

III. TESTING INFORMATION

Instructions: If the initial test yields a positive result, a second test shall be conducted utilizing the original urine specimen using a new test. The test results shall be recorded on this form. If GC/MS is deemed necessary, this form shall accompany the sample.

1st Test Results: **Marijuana** Positive Negative Inconclusive
 Cocaine Positive Negative Inconclusive
 Opiates Positive Negative Inconclusive
 Amphetamines Positive Negative Inconclusive
 Benzodiazepines Positive Negative Inconclusive

2nd Test Results: **Marijuana** Positive Negative Inconclusive
 Cocaine Positive Negative Inconclusive
 Opiates Positive Negative Inconclusive
 Amphetamines Positive Negative Inconclusive
 Benzodiazepines Positive Negative Inconclusive

Test Date: ___/___/___ By DTC: _____ (Print Name & Rank/Title) _____ (Signature)

Witnessed by: _____ (Print Name & Rank/Title) _____ (Signature)

The specimen was sealed on: Date: ___/___/___ Time: _____ a.m./p.m.

IV. MEDICAL REVIEW

Is the offender prescribed or administered a medication known to cause a positive result? Yes No

List drug in question: _____ (Generate and attach list of all drugs currently prescribed to offender.)

(Print Name)

(Signature)

(Date)

V. CONFIRMATION DRUG TESTING

The above offender tested positive for drugs during a: Targeted Test Random Test Reasonable Suspicion Test
 A second test was conducted utilizing the same sample, which also produced a positive result. The medical review has revealed that a medication that the offender is prescribed or has been administered may have caused this positive result. **GC/MS Confirmation Testing is necessary.**

Step 1 --- Complete MedTox Onsite Confirmation Requisition. (Section 1, 2 and 3)

Step 2 --- Seal the specimen cup with the label provided.

Step 3 --- Contact Security Operations – Provide the Specimen Number (top left corner) so that a Purchase Order Number can be assigned.

Step 4 --- Note the Purchase Order Number immediately below the Specimen Number.

Step 5 --- Prepare the specimen for shipping.