

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

REQUEST FOR URINALYSIS

FACILITY \_\_\_\_\_ TEST # \_\_\_\_\_  
INCARCERATED INDIVIDUAL NAME \_\_\_\_\_ NUMBER \_\_\_\_\_ CELL \_\_\_\_\_  
REQUEST MADE BY \_\_\_\_\_ DATE \_\_\_\_\_  
AGENT(S) SUSPECTED (IF ANY) \_\_\_\_\_  
CIRCUMSTANCES LEADING TO REQUEST \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TEST APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_  
INCARCERATED INDIVIDUAL TOLD THE UNDERLYING REASON WHY THEY ARE BEING ORDERED TO SUBMIT A URINE SPECIMEN (CIRCLE ONE: SUSPICION, ROUTINE, RANDOM)  
BY \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_  
HAS INCARCERATED INDIVIDUAL TAKEN MEDICATION RECENTLY? (YES OR NO) SPECIFY \_\_\_\_\_  
\_\_\_\_\_

INCARCERATED INDIVIDUAL ORDERED TO SUBMIT SPECIMEN \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_  
SPECIMEN WITNESSED AND OBTAINED BY \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_  
DOES INCARCERATED INDIVIDUAL WILLFULLY REFUSE TO SUBMIT SPECIMEN? (YES OR NO) \_\_\_\_\_  
DOES INCARCERATED INDIVIDUAL CLAIM TO BE UNABLE TO SUBMIT SPECIMEN IN THE PRESENCE OF OTHERS?  
(YES OR NO)\* \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

\*(In the event an incarcerated individual makes this claim, the procedures in Directive #4937, Section IV-E shall be followed)  
IF INCARCERATED INDIVIDUAL CLAIMS TO BE UNABLE TO SUBMIT SPECIMEN, HAS INCARCERATED INDIVIDUAL BEEN GIVEN AT LEAST THREE HOURS TO SUBMIT SPECIMEN? (YES OR NO) \_\_\_\_\_  
SPECIMEN TESTED BY (1<sup>ST</sup> TEST) \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_  
RESULTS \_\_\_\_\_  
SPECIMEN TESTED BY (2<sup>ND</sup> TEST) \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_  
RESULTS \_\_\_\_\_

CHAIN OF CUSTODY (STARTING WITH STAFF OBTAINING SPECIMEN, ATTACH ADDITIONAL PAGES IF NECESSARY)

|            |          |            |            |
|------------|----------|------------|------------|
| FROM _____ | TO _____ | DATE _____ | TIME _____ |
| FROM _____ | TO _____ | DATE _____ | TIME _____ |
| FROM _____ | TO _____ | DATE _____ | TIME _____ |
| FROM _____ | TO _____ | DATE _____ | TIME _____ |
| FROM _____ | TO _____ | DATE _____ | TIME _____ |
| FROM _____ | TO _____ | DATE _____ | TIME _____ |
| FROM _____ | TO _____ | DATE _____ | TIME _____ |
| FROM _____ | TO _____ | DATE _____ | TIME _____ |

This form is to be filled out COMPLETELY.