

URINE COLLECTION PROCEDURES

U.S. Probation and Pretrial Services
Northern District of Illinois



INTRODUCTION

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DRUG TESTING PROGRAM OVERVIEW

- Defendants (Pretrial) and Persons Under Supervision (Probation) may be ordered as a condition of their release to submit to any method of testing required by the US Probation/Pretrial Services Office of the supervising officer for determining whether the defendant or person under supervision (PUS) is using a prohibited substance.
- Additionally, a defendant/person under supervision “must not obstruct, attempt to obstruct, or tamper with the efficiency and accuracy of prohibited substance screening or testing.”

DRUG TESTING PROGRAM OVERVIEW

Pretrial Services and Probation

Random testing at the direction of the supervising officer

-or-

Enrolled in the COMPLY Program

COMPLY PROGRAM

The Comply program utilizes the offender's PACTS number. Offenders are to call the designated phone number and enter their PACTS number.

- After entering their PACTS number, the recording will notify the offender if they are to submit a drug test. If they are required to submit a drug test, the recording will further explain where and when.
- Collection facilities receive an email each evening for the following day to know who is expected to report the next day.

TESTING AS DIRECTED

Officers may choose not to enroll defendants/PUS in COMPLY, but rather have them test as directed by the supervising officer.

In these instances, the supervising officer will notify the designated collection site of the scheduled drug test at least 24 hours in advance authorizing the collection of a urine sample.

NON-COMPLIANCE/FAILURE TO APPEAR

Pretrial Services

- All stalls, failures to appear, non-compliance, and/or suspected tampering must be reported within 24 hours to Pretrial Services' dedicated failure to appear email:

[ILNPTdb UA FTA Notifications@ilnpt.uscourts.gov](mailto:ILNPTdb_UA_FTA_Notifications@ilnpt.uscourts.gov)

Probation

- All stalls, failures to appear, non-compliance, and/or suspected tampering must be reported within 24 hours to the assigned officer.

REFERRAL PROCEDURE

REFERRAL PACKETS

When a defendant/offender is assigned to a designated collection site, the following *signed* documents will be provided from the respective agencies to the facility via fax or email:

Pretrial Services

- Release of Information
- COMPLY Enrollment Form
- Probation Form 45
- Urine Collection Instruction Form

Probation

- Referral Letter (provided in most cases)
- Release of Information
- Probation Form 45

SAMPLE RELEASE OF INFORMATION FORM

BOTH PROBATION AND PRETRIAL SERVICES

PS 6B
(Rev. 6/03)

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION (DRUG OR ALCOHOL ABUSE PROGRAMS)

I, _____, the undersigned,
(Name of Client)
hereby authorize _____ to release confidential
(Name of Program)
information in its records, possession, or knowledge, of whatever nature may now exist or come to exist to the United States
Pretrial Services or Probation Office for the _____ District of _____.
(Name of Court) (State)

The confidential information to be released will include: date of entrance to program; attendance records; urine testing results; type, frequency and effectiveness of therapy; general adjustment to program rules; type and dosage of medication; response to treatment; test results (psychological, vocational, etc.); date of and reason for withdrawal from program; and prognosis.

The information which I now authorize for release is to be used in connection with my participation in the aforementioned program which has been made a condition of my pretrial release.

I understand that this authorization is valid until my release from supervision, at which time this authorization to use or disclose this information expires. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the program's privacy contact at:

(Name and Address of Program)

I understand that if I revoke this authorization to release confidential information, I will thereby revoke my authorization to further disclosure of such information. I also understand that revoking this authorization before I satisfy the condition of my supervision that requires me to participate in the program will be reported to the court. My revocation of authorization under such circumstances could be considered a violation of a condition of my pretrial supervision.

(Signature of Parent or Guardian, if Client is a Minor)

(Signature of Client)

(Date Signed)

(Date Signed)

(Name & Title of Witness)

(Date Signed)

SAMPLE PROBATION 45 FORM

BOTH PROBATION AND PRETRIAL SERVICES

Form will include the following information:

- Client Identifying Information
 - (name, address, telephone number, date of birth, PACTS #, assigned Pretrial Services/Probation Officer, picture)
- Provider Information
- Authorized Services
- Instructions to provider

Prob. Form 45

Today's Date: 9/16/10

Initial

TREATMENT SERVICES CONTRACT PROGRAM PLAN

Client Identifying Information

Client:	Doe, John John	PACTS #:		
Address:	219 South Dearborn Chicago IL 60604	Pretrial/Post Conviction:	Pretrial	
Officer:		Client Phone:		
Officer Phone:		DOB:	01/01/1980	

Provider Information

Provider:	Procurement No:
Provider Location:	Effective Date: 09/16/2010
Attn:	Termination Date:
Location Address:	
Phone:	
Fax:	

Authorized Services

Your agency is authorized to provide the following services beginning on the plan effective date indicated above. Any services provided outside of those listed below and/or outside the Effective and Termination Dates of the Plan will not be authorized for payment.

Services Ordered

Project Code	Description Of Services	Phase	Frequency (Units)	Interval	Copay Amount (per unit)
1010	Urine Collection and Reporting		2.0	Monthly	\$0.00

Instructions to Provider Regarding Client Needs and Goals of Treatment

The defendant placed in PHASE effective immediately. Assigned color is BROWN. Please contact assigned PSO at (312) XXX-XXXX to notify of any stalls and/or non-compliance.

Officer:

Referral Agent: :

Client: Doe, John John

SAMPLE COMPLY ENROLLMENT FORM

BOTH PROBATION AND PRETRIAL SERVICES

11/07

NORTHERN DISTRICT OF ILLINOIS
UNITED STATES PRETRIAL SERVICES OFFICE

URINE COLLECTION PROCEDURE

NAME: _____ PRETRIAL OFFICER: _____ PACTS#: _____

In order to provide an effective method of notifying you that a test is scheduled, we utilize a call-in system. You will be instructed by means of a recorded message when you have a test scheduled.

It will be necessary for you to call in every day, except Saturdays regardless of when you were last tested, since back-to-back tests are sometimes required.

*Call the following toll-free number: **(866) 220-4382***

The call-in hours are from 5:00 p.m. to 4:50p.m. the following afternoon. This gives you almost 24 hours to call in and see whether you have been scheduled for a test. If the line is busy when you call, hang up and call again. BE SURE TO LISTEN TO THE COMPLETE MESSAGE.

To avoid using names, you must enter your pacts number: _____

It is mandatory to call the answering service as directed. Failure to report for a scheduled test will be recorded as a "stall" and is a violation of your pretrial release.

Prior to testing, you must advise the testing site of any use of drugs, narcotics or prescribed medications. Any prescribed medications will require verification at the time of testing. You are not to take medications or drugs prescribed for persons other than yourself.

TESTING SITE:

*US Pretrial Services
219 South Dearborn St., Suite 15-100
Chicago, Illinois 60604
Telephone: (312) 435-5793
Drop Hours:
Monday-Friday 08:30am - 4:30pm*

Defendant: _____ Date: _____

Officer: _____

SAMPLE REFERRAL FORM

CAN BE BOTH PROBATION
AND PRETRIAL SERVICES

Illinois Northern Probation
Clinical Services Referral Form
Mental Health / Drug Treatment
(Contract services)

DATE: 34T		RPI		PICRA:	
PACTS CLIENT NUMBER:			DOCKET/DFT:		
NAME :					
DOB:					
Residence Address:		City/State:		Zip:	
Home Phone:		Cell Phone:		Work Phone:	
Employed: Y <input type="checkbox"/> N <input type="checkbox"/>		Occupation:			
Veteran : Y <input type="checkbox"/> N <input type="checkbox"/>		Health Problems: Y <input type="checkbox"/> N <input type="checkbox"/> Specify: _____		Private Health Insurance: Y <input type="checkbox"/> N <input type="checkbox"/>	
Offense: enter offense				History of Violence (include sexual deviance):	
PRIOR TREATMENT (Number of Lifetime):					
Inpatient		Outpatient		Prison	
Detox		All Others		Prior Treatment (# of Lifetime)	
DRUGS OF ABUSE		FIRST:			
		SECOND:			
		THIRD:			
AGE FIRST ABUSE:					
PRIOR FEDERAL TREATMENT (Include specific dates)					
Clinic			Start		Termination
Presenting Mental Health Problem:					
Current Medications:					
Prior Psychiatric Treatment:					
COURT ORDERED TREATMENT:					
Alcohol <input type="checkbox"/>	DRUG <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Sex Offender Treatment <input type="checkbox"/>	Sex Offender Assessment <input type="checkbox"/>	NONE <input type="checkbox"/>
OFFICER:				PHONE NUMBER:	
SPECIALIST:				PHONE NUMBER:	
CLINIC:				START DATE:	

ndf1a 02/09 clinical serv ref drug con.wpt

A Treatment Services Contract Program Plan, (Prob. 45), must be received by the vendor and must be executed by a U.S. Probation/U.S. Pretrial Services referral agent for services to be rendered.

An amended Program Plan, (Prob. 45), will be prepared by a U.S. Probation/U.S. Pretrial Services Officer and executed by a referral agent when changing the services the vendor performs, their frequency, other administrative changes, and upon termination of services.

**REFERRAL
PROCEDURE,
CONTINUED**

COLLECTION PROCEDURE



PRIOR TO COLLECTION

Verify identity of defendants/offenders by means of a valid state driver's license, state identification, or other acceptable form of photo identification (i.e. government issued identification, identification issued by the Bureau of Prisons or Salvation Army RRC).

If no photo ID is present, contact the defendant/offender's officer.

PRIOR TO COLLECTION

Complete the U.S. Probation OR U.S. Pretrial Services Chain of Custody (CoC) form **BEFORE** the defendant voids.

Updates Effective March 1, 2023

- The new CoC forms are now half pages. Paper is perforated in middle for separating.
- There is no longer a carbon copy for the collecting agency to obtain.
- Security seal is now client's initials (previously collector's initials)

PRE-POPULATED COMPLY CHAIN OF CUSTODY FORMS

Each facility will received four (4) emails from Comply at 6:00 p.m. Sunday through Thursday.

- 1) List of all pretrial defendants expected to report the following day for testing
- 2) List of all probation persons under supervision expected to report the following day for testing
- 3) PDF of pre-populated chain of custody forms to print for all expected pretrial defendants
- 4) PDF of pre-populated chain of custody forms to print for all expected probation persons under supervision

PRINTING

Universal printing instructions cannot be provided due to the varying makes and models of printers. The Probation and Pretrial Services Offices recommend the following tips:

- Print the chain of custody forms from the same printer each day to insure consistent printing.
- Print the chain of custody PDF on regular white paper to confirm how the chain of custody paper needs to be fed into the printer before printing with the chain of custody paper. You can handwrite “top”, “bottom”, “front”, and “back” on the blank paper before test printing to determine how the paper comes out of your make/model of printer. If still unsure, use the chain of custody paper but only print the first page to confirm the correct paper orientation.
- Disable “Print on Both Sides” before printing.
- Printing in black and white is acceptable

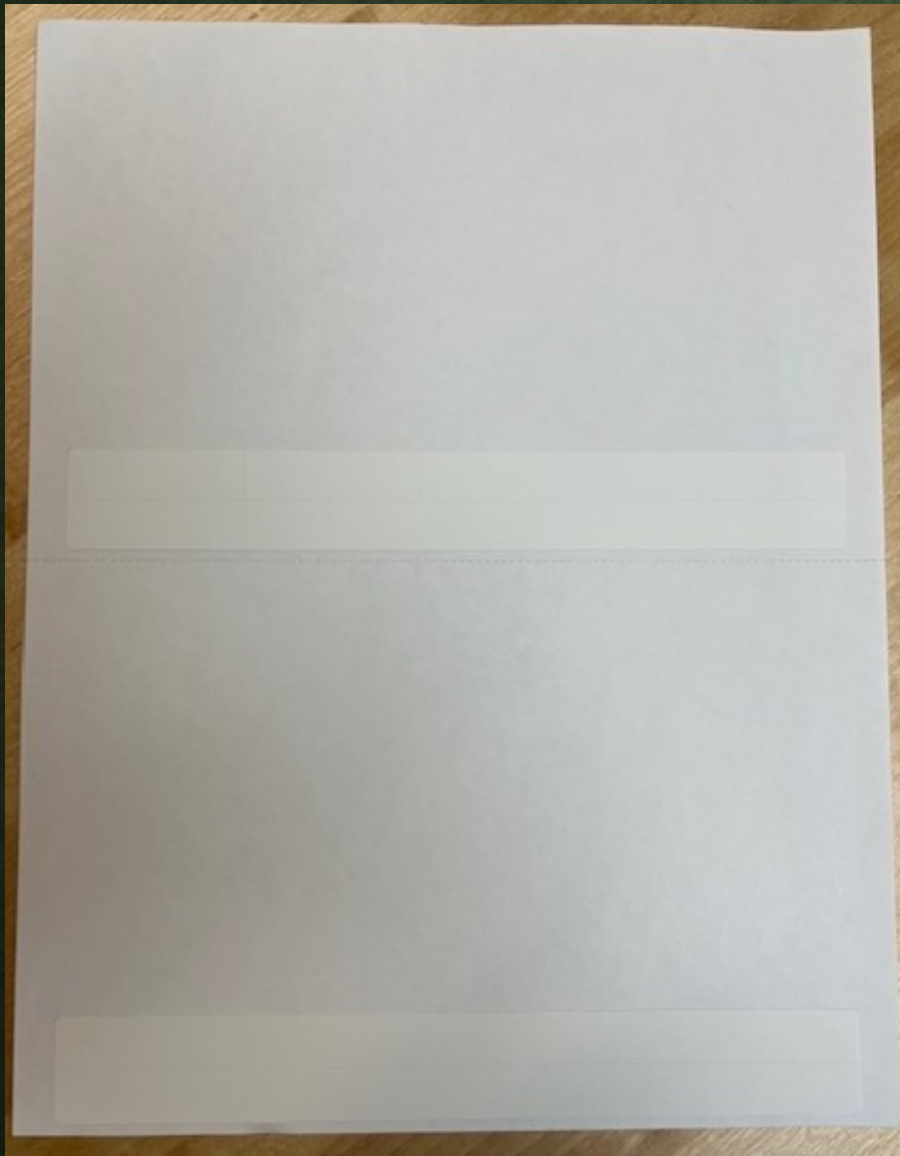


Image of CoC paper as it will be sent to contract service providers

REGIONAL DRUG TESTING LABORATORY DISTRICT OF NORTHERN ILLINOIS CHAIN OF CUSTODY FOR DRUG ANALYSIS			
Client Name: LAST/FIRST (Print Clearly) Male		Sex: Male	Collection Site: Salvation Army-PTS
Supervising Officer: Bonestroo, Matthew		Office: Pretrial Services	
Date of Sample: 2/16/2023		Time of Sample:	
Client PACTS I.D. Number: 8345003	Date of Birth: 06/12/1996	Specimen I.D. Number: ILNS0025677	
Medication in the last 72 hours:		<input type="checkbox"/> Observed <input type="checkbox"/> Unobserved <input type="checkbox"/> Appears Diluted <input type="checkbox"/> Alcohol Test Did Client Admit Drug Use <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, drug type and date of last use:	
CLIENT CERTIFICATION I certify that the specimen I have provided on this date is my own and has not been adulterated. The specimen bottle was sealed in my presence. I have verified that the number on the form and the barcode on the specimen are identical. Also I consent to the analysis of the specimen accompanying this form by the laboratory, and to the release of the results as well as the information recorded on this form to the organization and/or individual on this form. Client's Signature:		SPECIMEN COLLECTION CERTIFICATION I certify that the specimen identified on this form is the specimen presented to me by the client, that it bears the same identification number as set forth above, and that it has been collected, labeled, and sealed in the client's presence, in accordance with established procedures. Collector's Signature: Collector's Printed Name:	

PACTS: 8345003 ILNS0025677

Date Collected: 02/16/2023 Client's Initials: (PLACE OVER CAP) ILNS0025677

REGIONAL DRUG TESTING LABORATORY DISTRICT OF NORTHERN ILLINOIS CHAIN OF CUSTODY FOR DRUG ANALYSIS			
Client Name: LAST/FIRST (Print Clearly) Male		Sex: Male	Collection Site: Salvation Army-PTS
Supervising Officer: Bonestroo, Matthew		Office: Pretrial Services	
Date of Sample: 2/16/2023		Time of Sample:	
Client PACTS I.D. Number: 6503981	Date of Birth: 02/14/1957	Specimen I.D. Number: ILNS0025709	
Medication in the last 72 hours:		<input type="checkbox"/> Observed <input type="checkbox"/> Unobserved <input type="checkbox"/> Appears Diluted <input type="checkbox"/> Alcohol Test Did Client Admit Drug Use <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, drug type and date of last use:	
CLIENT CERTIFICATION I certify that the specimen I have provided on this date is my own and has not been adulterated. The specimen bottle was sealed in my presence. I have verified that the number on the form and the barcode on the specimen are identical. Also I consent to the analysis of the specimen accompanying this form by the laboratory, and to the release of the results as well as the information recorded on this form to the organization and/or individual on this form. Client's Signature:		SPECIMEN COLLECTION CERTIFICATION I certify that the specimen identified on this form is the specimen presented to me by the client, that it bears the same identification number as set forth above, and that it has been collected, labeled, and sealed in the client's presence, in accordance with established procedures. Collector's Signature: Collector's Printed Name:	

PACTS: 6503981 ILNS0025709






Date Collected: 02/16/2023 Client's Initials: (PLACE OVER CAP) ILNS0025709

Image of CoC paper after printing

WARNING

DO NOT reuse previously sent chain of custody PDFs. Each email PDF generates new specimen ID numbers and barcodes. Reprinting old PDFs will cause problems with duplicate specimen ID numbers once the sample reaches our lab.




FILLING OUT THE CHAIN OF CUSTODY

		REGIONAL DRUG TESTING LABORATORY DISTRICT OF NORTHERN ILLINOIS			
CHAIN OF CUSTODY FOR DRUG ANALYSIS					
Client Name: LAST/FIRST (Print Clearly) Doe, John		Gender: Male	Collection Site: Salvation Army-PTS Office: Pretrial Services		
Supervising Officer: Officer, Joe		Date of Sample: 1/6/2023	Time of Sample:		
Client PACTS I.D. Number: 1234567	Date of Birth: 01/20/1977	Specimen I.D. Number: ILNS0024994 			
Medication in the last 72 hours:		<input type="checkbox"/> Observed <input type="checkbox"/> Unobserved <input type="checkbox"/> Appears Diluted <input type="checkbox"/> Alcohol Test Did Client Admit Drug Use <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, drug type and date of last use: _____			
CLIENT CERTIFICATION I certify that the specimen I have provided on this date is my own and has not been adulterated. The specimen bottle was sealed in my presence. I have verified that the number on the form and the barcode on the specimen are identical. Also I consent to the analysis of the specimen accompanying this form by the laboratory, and to the release of the results as well as the information recorded on this form to the organization and/or individual on this form.		SPECIMEN COLLECTION CERTIFICATION I certify that the specimen identified on this form is the specimen presented to me by the client, that it bears the same identification number as set forth above, and that it has been collected, labeled, and sealed in the client's presence, in accordance with established procedures.			
Client's Signature: _____		Collector's Signature: _____ Collector's Printed Name: _____			
PACTS: 123467 ILNS0024994		PACTS: 1234567 ILNS0024994			
Date Collected: 01/08/2023	Client's Initials: _____	(PLACE OVER CAP)		ILNS0024994 	

Chain of custody forms will include the following sections already pre-populated:

- Client Name
- Sex
- Collection Site
- Office
- Supervising Officer
- Date of Sample
- PACTS Number
- Client Date of Birth
- Specimen ID # and Barcodes

FILLING OUT THE CHAIN OF CUSTODY

REGIONAL DRUG TESTING LABORATORY DISTRICT OF NORTHERN ILLINOIS CHAIN OF CUSTODY FOR DRUG ANALYSIS			
Client Name: LAST/FIRST (Print Clearly) Doe, John		Gender: Male	Collection Site: Salvation Army-PTS Office: Pretrial Services
Supervising Officer: Officer, Joe		Date of Sample: 1/6/2023	Time of Sample:
Client PACTS I.D. Number: 1234567	Date of Birth: 01/20/1977	Specimen I.D. Number: ILNS0024994 	
Medication in the last 72 hours:		<input type="checkbox"/> Observed <input type="checkbox"/> Unobserved <input type="checkbox"/> Appears Diluted <input type="checkbox"/> Alcohol Test Did Client Admit Drug Use <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, drug type and date of last use: _____	
CLIENT CERTIFICATION I certify that the specimen I have provided on this date is my own and has not been adulterated. The specimen bottle was sealed in my presence. I have verified that the number on the form and the barcode on the specimen are identical. Also I consent to the analysis of the specimen accompanying this form by the laboratory, and to the release of the results as well as the information recorded on this form to the organization and/or individual on this form.		SPECIMEN COLLECTION CERTIFICATION I certify that the specimen identified on this form is the specimen presented to me by the client, that it bears the same identification number as set forth above, and that it has been collected, labeled, and sealed in the client's presence, in accordance with established procedures.	
Client's Signature: _____		Collector's Signature: _____ Collector's Printed Name: _____	
PACTS: 123467 ILNS0024994			
PACTS: 1234567 ILNS0024994 			
Date Collected: 01/06/2023	Client's Initials: _____	(PLACE OVER CAP)	ILNS0024994 

Facilities will be responsible for completing the following (circled in red):

- Time of Sample
- Medications in last 72 hours
- Observed/Unobserved
- Client Admit to Drug Use
- Client Certification
- Specimen Collection Certification
- Client Initials on Barcode
- Place security seal over lid of collected sample and affix label with PACTS No. and Specimen ID No. to side of bottle (circled in yellow)

BARCODE FORMS

REGIONAL DRUG TESTING LABORATORY DISTRICT OF NORTHERN ILLINOIS CHAIN OF CUSTODY FOR DRUG ANALYSIS			
Client Name: LAST/FIRST (Print Clearly)		Sex:	Collection Site: Chicago Office-PTS
			Office: Pretrial Services
Supervising Officer:		Date of Sample:	Time of Sample:
Client PACTS I.D. Number:	Date of Birth:	Specimen I.D. Number:	ILNS0025582
			
Medication in the last 72 hours:		<input type="checkbox"/> Observed <input type="checkbox"/> Unobserved <input type="checkbox"/> Appears Diluted <input type="checkbox"/> Alcohol Test	
		Did Client Admit Drug Use <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If yes, drug type and date of last use: _____	
CLIENT CERTIFICATION I certify that the specimen I have provided on this date is my own and has not been adulterated. The specimen bottle was sealed in my presence. I have verified that the number on the form and the barcode on the specimen are identical. Also I consent to the analysis of the specimen accompanying this form by the laboratory, and to the release of the results as well as the information recorded on this form to the organization and/or individual on this form.		SPECIMEN COLLECTION CERTIFICATION I certify that the specimen identified on this form is the specimen presented to me by the client, that it bears the same identification number as set forth above, and that it has been collected, labeled, and sealed in the client's presence, in accordance with established procedures.	
Client's Signature: _____		Collector's Signature: _____	
		Collector's Printed Name: _____	

PACTS: 	PACTS: ILNS0025582	
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Date Collected	Client's Initials	(PLACE OVER CAP)	ILNS0025582	
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These forms can be used in the event a defendant/person under supervision reports to your facility on short notice and a pre-populated form was not generated the night before. In these instances, the collector will need to hand write all other sections of the form. These chain of custody forms should only be used when a client is present at your facility, collection is authorized, and a pre-populated form is not available.

Confirm which agency's form you are using before filling it out.



CHAIN OF CUSTODY

- Prior to collection, place one bar code sticker from the chain of custody on the collection cup

UNIVERSAL PRECAUTIONS

- The use of **Protective Barriers** is strongly recommended for the collector before any collection is attempted.
- Examples of barriers include;
 - Gloves
 - Masks
 - Eyewear
 - Gowns.
 - Face Shields



PREPPING FOR COLLECTION

- Prior to collection, defendant/PUS must:
 - Remove any jackets or coats and roll up long sleeve to their elbows before entering the collection room
 - Leave purses or any other carried items outside the collection room or in control of the specimen collector
 - Rinse and thoroughly dry hands prior to voiding

SECURE COLLECTION AREA

To the best extent possible, provide a lavatory only for collecting urine specimens that is not used by staff or others not providing a urine specimen.

COLLECTING THE SAMPLE

Directly observe the donor voiding into a specimen collection container.

Collectors observing the voiding process must be the same sex as the defendant/offender providing the specimen.

Collect a minimum of 30 milliliters of urine.

Observe and document any indication of specimen dilution and/or adulteration, or any unusual collection events or discrepancies.

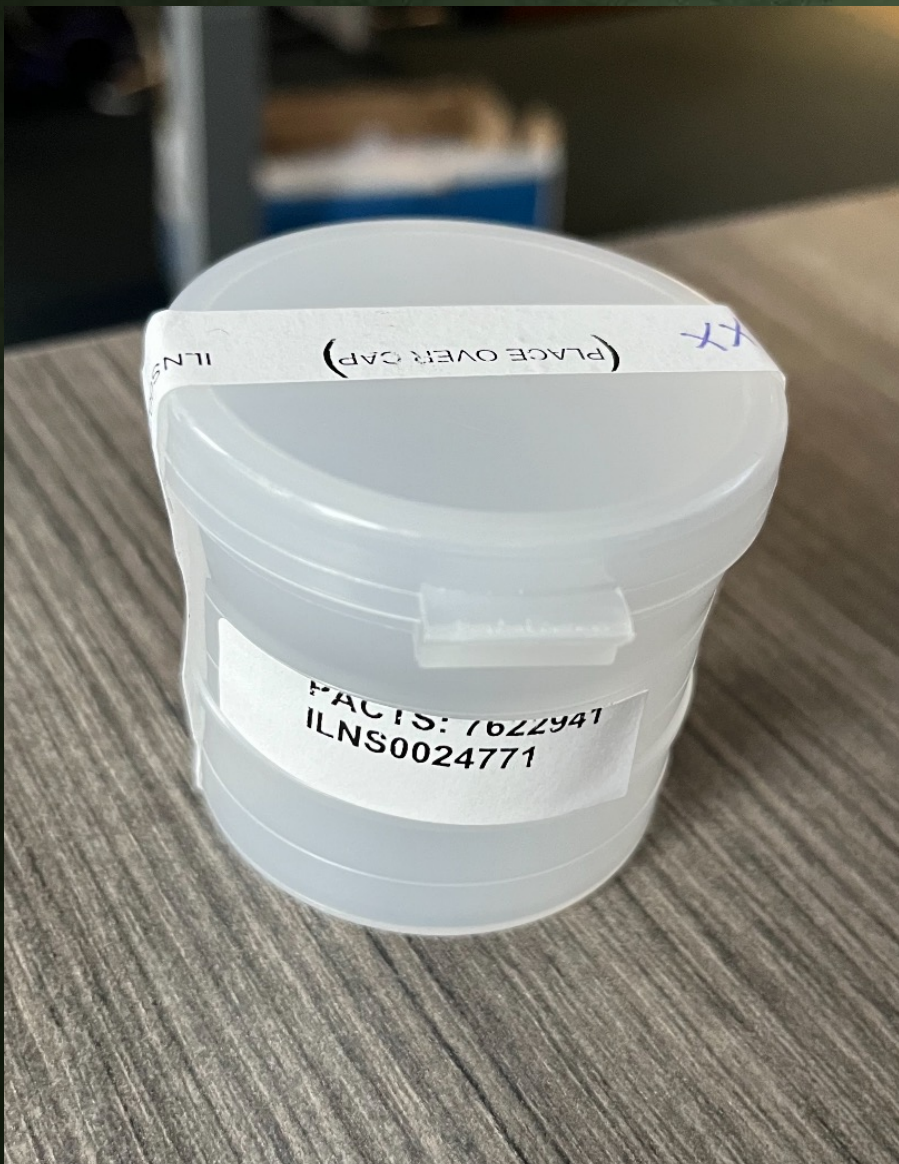
UNOBSERVED COLLECTIONS

- Only when the defendant/offender and the collector are not of the same sex.
- **Clearly document on the Chain of Custody Form that collection was unobserved.**
- Place a blue or green colored toilet bowl cleaner or coloring agent in the toilet bowl.
- Secure any sources of water in the collection area.
- Remove and/or secure any agents such as soaps, cleaners and deodorizers.
- Follow all general collection procedures.

FOLLOWING COLLECTION

- The collector **AND** donor must sign the chain of custody form **AFTER** the sample is collected.
- Review temperature of sample, especially unobserved collections. The temperature of the sample should be measured within 4 minutes of collection and should be within a range of 90 – 100 degrees. Document any discrepancies.
- Place the sealed sample in the **inner** pocket of the plastic bag containing the absorption sheet. (sealing instructions on next page)
- Place the chain of custody form in the **outside** pocket.
- Seal bag.

 REGIONAL DRUG TESTING LABORATORY DISTRICT OF NORTHERN ILLINOIS CHAIN OF CUSTODY FOR DRUG ANALYSIS 			
Client Name: LAST/FIRST (Print Clearly) Doe, John		Sex: Male	Collection Site: Salvation Army-PTS
Supervising Officer: Bonestroo, Matthew		Date of Sample: 5/1/2023	Time of Sample:
Client PACTS I.D. Number:	Date of Birth: 01/20/1977	Specimen I.D. Number: ILNS0034406 	
Medication in the last 72 hours:		<input type="checkbox"/> Observed <input type="checkbox"/> Unobserved <input type="checkbox"/> Appears Diluted <input type="checkbox"/> Alcohol Test Did Client Admit Drug Use <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, drug type and date of last use: _____	
CLIENT CERTIFICATION I certify that the specimen I have provided on this date is my own and has not been adulterated. The specimen bottle was sealed in my presence. I have verified that the number on the form and the barcode on the specimen are identical. Also I consent to the analysis of the specimen accompanying this form by the laboratory, and to the release of the results as well as the information recorded on this form to the organization and/or individual on this form.		SPECIMEN COLLECTION CERTIFICATION I certify that the specimen identified on this form is the specimen presented to me by the client, that it bears the same identification number as set forth above, and that it has been collected, labeled, and sealed in the client's presence, in accordance with established procedures.	
Client's Signature: _____		Collector's Signature: _____ Collector's Printed Name: _____	
PACTS: 7053203 ILNS0034406		PACTS: 7053203 ILNS0034406 	
Date Collected 05/01/2023	Client's Initials	(PLACE OVER CAP)	ILNS0034406 



FOLLOWING COLLECTION

- Secure top of collection cup. (Collector must ensure the top is sealed tightly and is not leaking)
- Place the signed security seal across the top of the collection cup and down both sides. **Do not cover bar code or name with the seal.**
- Only use one security seal to secure collection cup.

STORING SAMPLES

1

All samples collected must be refrigerated if not shipped the same day.

2

Refrigerated samples must be stored in a secure area or in a locked refrigerator with access limited only to collectors or other authorized personnel.

3

Samples must be sent to the U.S. Pretrial Services Office within 48 hours of collection.

SHIPPING PROCEDURE



PACKING SAMPLES FOR SHIPMENT

1

Place samples into a U.S. Postal Service (USPS) bag and then place into a USPS cardboard box.

2

Affix Merchandise Return shipping label to USPS box and write your return address on upper left corner.

3

Ensure bags/boxes are sealed and that the shipping label is securely attached to the box.

4

Do not overfill any bags/boxes to ensure safe shipment (Recommended 8-10 samples max. per bag, 2 bags max. per box).

SHIPPING PROCEDURE

- All shipping supplies are provided by the U.S Probation Office.
- Only use the provided USPS boxes, bags, and Merchandise Return shipping labels to ship specimens (**do not make copies of shipping labels**).
- Schedule a pickup with USPS, take samples directly to the post office, or have samples ready and include in your daily mail.
- Samples must remain in a secured area until placed in the custody of an approved delivery service or courier.

FROM: U.S. Probation
230 S. Dearborn St.
Chicago IL 60604

POSTAGE DUE COMPUTED
BY DELIVERY UNIT

POSTAGE _____

TOTAL POSTAGE AND FEES DUE \$ _____

Scan for free
Package Pickup
or to find
a Post Office

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

PRIORITY MAIL

EXEMPT HUMAN SPECIMEN

USPS TRACKING #

9311 7699 3200 0016 8376 78

MERCHANDISE RETURN LABEL

PERMIT NO 920 WASHINGTON DC 20066
US PRETRIAL SERVICES 219 S DEARBORN ST

POSTAGE DUE UNIT
US POSTAL SERVICE
211 S CLARK ST
CHICAGO IL 60604-9998

COMMON MISTAKES AND ERRORS

REASONS A SAMPLE CANNOT BE TESTED

Broken/Missing
security seal

Improperly filled
out CoC

No
defendant/offender
signature

No collector
signature

Non-matching bar
codes on urine cup
and chain of
custody form

Excessive leakage
resulting in
insufficient volume
of sample, (less than
30ml)

SUPPLIES

ORDERING

- Chain of Custody Forms (Pretrial and Probation), Specimen Bags, Flip Top Containers, and Merchandise Return Labels are provided by the U.S. Probation Office
- Use the Specimen Supply Collection order form provided by the U.S. Probation to request supplies.
- Shipping boxes and bags are ordered online or telephone via U.S. Postal Service (USPS).

ORDERING

Review inventory monthly and maintain a 90-day supply on all collection/shipping supplies.

Email all supply requests to:

INTAKE_BOP@ilnp.uscourts.gov

SPECIMEN COLLECTION SUPPLY ORDER FORM

Date: _____

Clinic: _____

Account Number: _____

Please review inventory monthly and maintain a 90 day supply on all collection/shipment supplies.

EMAIL ALL SUPPLY REQUESTS TO:

INTAKE_BOP@ilnp.uscourts.gov

Collection Supplies	Current Inventory Count	Quantity Requested
Probation Chain of Custody Forms (Green)		
Pretrial Chain of Custody Forms (Blue)		
Specimen Bags		
Flip Top Containers		
Merchandise Return Labels		

NUMBER OF SPECIMEN COLLECTIONS PER MONTH: _____

CREATING A USPS ACCOUNT

1. Go to www.USPS.com
2. In the top right hand corner of the main page, click Register/Sign In
3. A separate window will open, go to New to USPS.com? and select Sign Up Now
4. Language preference will default to English
5. Create a username
6. Enter Security Information which includes *Pick a Password and *Pick Two Security Questions
7. Select My account type is a Business account
8. Next, enter in contact information (Name, phone number, email address)
9. Find my address by...address or zip code. When prompted, enter your facility's full address or zip code so that the best deliverable option for your facility is entered. When your agency's information has been filled in, hit continue to create the account.

Should you have any questions please feel free to contact Wendy Gingell at 312-408-7797 or email wendy_gingell@ilnp.uscourts.gov

ORDERING USPS SUPPLIES

1. On the USPS Homepage (www.usps.com), click on the Postal Store tab
2. Scroll down to the Shipping Supplies section and click on Shipping Supplies
3. On the left hand side, select “Free Shipping Supplies”
4. The following free shipping supplies are recommended
 - Priority Mail Tyvek Envelope
(11-5/8” x 15-1/8”)
 - Priority Mail Padded Flat Rate Envelope
(9-1/2” x 12-1/2”)
 - Priority Mail Regional Rate Box- B1
(12” x 10-1/4” x 5”)
 - Priority Mail Regional Rate Box- A1
(10” x 7” x 4-3/4”)
5. Select the needed shipping supplies and the quantity of supplies. Supplies come in varying quantities
6. Click “Add to Cart”
7. Once all supplies have been ordered, click Checkout and select your agency’s address that was entered upon creating the account
8. The final page will display your ordered supplies. If the order is complete, click “Place my Order”. Supplies ship within 3-5 business days with the exception of Holidays where an additional 1-2 days will be needed to complete orders. Please note that shipping times may be greater during holidays.
9. For large supply orders, call USPS at 1-800-610-8734. The first time you call, you will be prompted to create an account that is associated with your telephone number; once an account is created, you can order your needed supplies based off their item name (Priority Mail Tyvek Envelope, Priority Mail Regional Rate Box-B1, etc.)

CONTACT INFORMATION

Pretrial Services

219 South Dearborn Street

Suite 15-100

Chicago, IL 60604

Main Number: 312-435-5793

Patrick May, Lab Supervisor

312-246-2273

Patrick_May@ilnpt.uscourts.gov

Probation

230 South Dearborn Street

Suite 3400

Chicago, IL 60604

Main Number: 312-435-5700

Drug Laboratory

219 South Dearborn Street

Suite 15-100

Chicago, IL 60604

Ernesto De La Rosa, Lab Technician

312-408-7760