

NORTHERN DISTRICT OF ILLINOIS PROBATION AND PRETRIAL SERVICES

New Chain of Custody Training

February 15, 2023

National Requirements from the
Administrative Office of the U.S.
Courts

Easier for Contract Service
Providers and Lab Staff

Long-Term Planning

**WHY ARE
WE
CHANGING?**

NEW FORMS AND PROCEDURE

Effective March 1, 2023

Starting February 28, 2023, facilities will receive emailed PDFs with pre-populated chain of custody forms for the clients scheduled to report the following day.

It will be each facility's responsibility to print the pre-populated chain of custody forms each day

Use of the ALERE chain of custody forms (Blue for Pretrial and Green for Probation) will not longer be permitted

NOTABLE CHANGES

- 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)

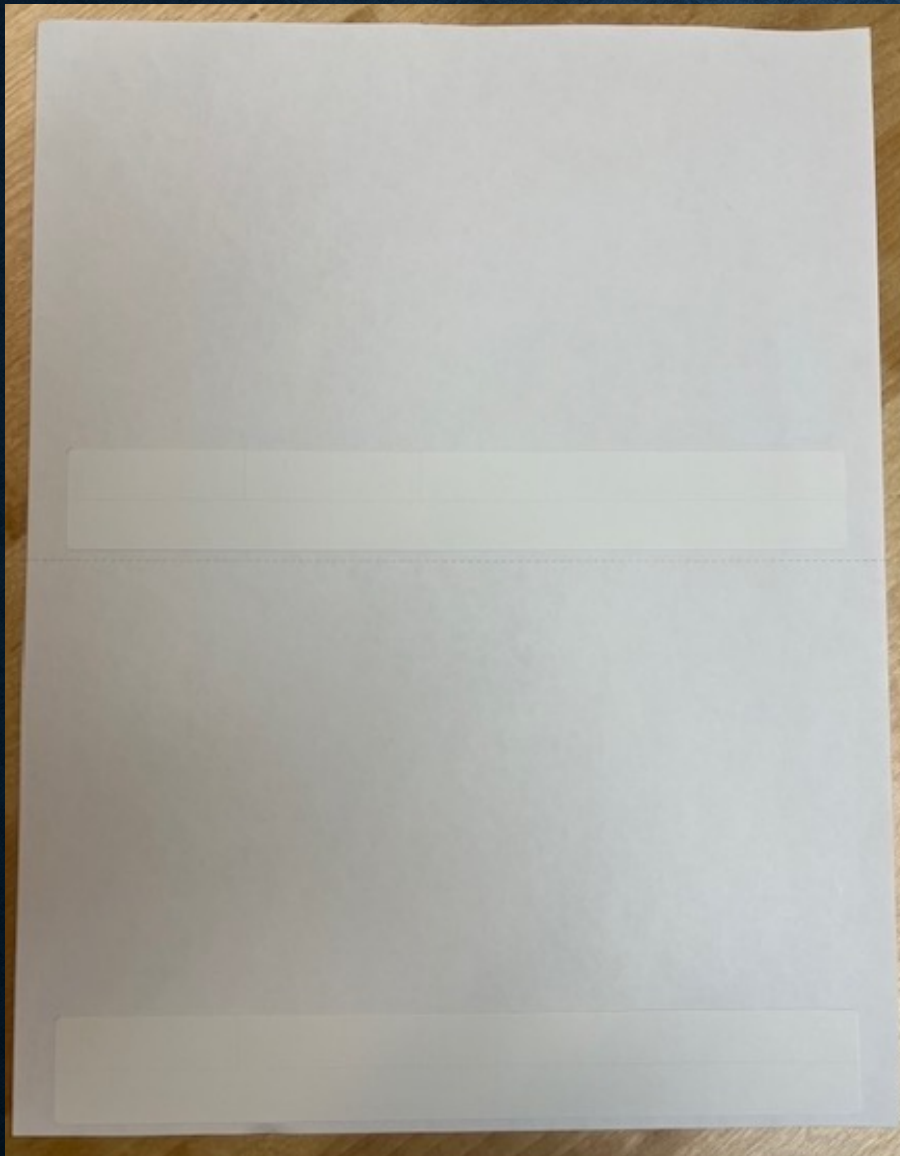


Image of CoC paper as it will be sent to contract service providers

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 Office: Pretrial Services	
Supervising Officer: Bonestroo, Matthew		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.		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: 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 Office: Pretrial Services	
Supervising Officer: Bonestroo, Matthew		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.		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: 6503981
ILNS0025709

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

Image of CoC paper after printing






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. 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: 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. 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: 123467 ILNS0024994		PACTS: 1234567 ILNS0024994 	
Date Collected 01/08/2023	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
Supervising Officer:		Office:	Pretrial Services
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	
CLIENT CERTIFICATION		SPECIMEN COLLECTION 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.		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: ILNS0025582	PACTS: ILNS0025582	
Date Collected	Client's Initials	(PLACE OVER CAP) ILNS0025582

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.

PACKAGING AND SHIPPING PROCESS

Please continue to place the completed chain of custody in the pocket separate from the collection cup to avoid potential contamination issues. Shipping requirements are not impacted by this change.

Nothing changes with shipping procedures or expectations.

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.
- On March 1, 2023, 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

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.

TO ORDER MORE PAPER

INTAKE_BOP@ilnp.uscourts.gov

Can be used for blank CoC paper or Barcode CoCs

Questions???