## Vendor \_\_\_TASC - OGDEN\_\_\_\_ UNITED STATES PROBATION OFFICE URINE COLLECTION LOG

PACTS # & NAME: <u>John Doe - #12345</u> Pretrial? <u>N</u> MONTH/YEAR <u>Oct 2017</u>

	Test Date/ Time	Verify CLIENT NAME- ID Client sign log	MEDS TAKEN	STAFF INITIAL	BREATHALYZER RESULT	SPECIMEN ID NO
1	10/3/17 4:50	Client Signs in this box when they come in to submit UA	Fill in any meds		0.00 (if applicable)	UT 0003
2	10/15/17 6:35	Client Signs in this box	Fill in any meds		0.09	UT 0021
3	10/27/17 5:25	Client Signs in this box	Fill in any meds		0.00	UT 0034
4	etc					UT
5		Client signature is required for each UA takenif signature not obtained for some reason an incident rpt must be provided explaining circumstances in order to be paid for test.  You will then use this form to complete invoice and provide a copy with the invoice as we will compare info here against what is on the invoice.	You may have only 1 or 2 tests for an individual in a month, or you may have up to 10. All should be recorded on this log and signed by client.			
6						UT
7						UT
8						UT

9			UT
10			UT