

REQUEST FOR FORENSIC CONFIRMATION TESTING FOR POSITIVE OR DILUTE DRUG SCREEN

YOU HAVE SEVEN (7) DAYS FROM THE DATE OF YOUR TEST TO REQUEST
CONFIRMATION

This form should be submitted to the Cherokee County Drug Lab Staff during collection hours
(6:00am-11:00am every day) when requesting forensic confirmation testing of a urine sample.

The donor is required to bring the following to the Cherokee County Drug Lab:

\$65.00 Money Order or Card payment (required for each POSITIVE sample requested)

\$30.00 Money Order or Card payment (required for each DILUTE sample requested)

DONOR NAME: _____ D.O.B. _____

PROBATION OFFICER/CASE MANAGER: _____

DATE OF TEST: _____

CURRENT MEDICATIONS: _____

SUBSTANCE REQUESTED FOR CONFIRMATION: _____

LAB STAFF USE ONLY

Date Confirmation Testing Requested: _____

Confirmation Test Code Requested: _____

Lab Staff Name Who Received Request: _____

Payment Amount and Check Number: _____

Return to Drug Lab After Completion – TOP PORTION MUST BE COMPLETE