BP-A0211
JUN 10

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

URINE SAMPLING PROGRAM (CCC's)

DATE Month 20	NAME OF CONTRACT FACILITY	CITY	STATE

Type & Number Tested (Count each specimen only once)	Type of Drug (Count each type of drug)

Resident's Name Reg. No.	Condition of After care/Use History		Random Sampling		Suspected Use Group		1	2	3	4	5	6	Total Tested	Total Positive	Detected* Unauthorized Use			Refs	Cost Per Test
	No. Tested	Positive Results	No. Tested	Positive Results	No. Tested	Positive Results									CA	RS	SU		
TOTALS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	$0.00

Drug Types: 1. Acphetamines 2. Barbiturates 3. Cocaine 4. Methadone 5. Opiates 6. Other (Includes Diluted & Acidic Urines)
*CA - Condition of After-care/Use History RS - Random Sampling SU - Suspected Use Group

Prescribed by P7310

This form replaces BP-211(73) dated MAY 1983.