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|  <p style="text-align: center;"> ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction </p> | Index: #506.21 | Page 1 of 1 |
| | Effective Date: September 1, 2019 | |
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| Approved by: Tony Parker | | |
| Subject: INMATE DRUG/ALCOHOL TESTING AND SANCTIONS | | |

POLICY CHANGE NOTICE 19-58

INSTRUCTIONS:

Please change VI.(C)(3) to read:

- “3. All positive urine specimens shall be forwarded to the clinical laboratory for analysis and confirmation through gas or liquid chromatography combined with mass spectrometry”.

Please cross through CR-3993 on page 16 and insert the attached page 17. Renumber policy pages accordingly.



**TENNESSEE DEPARTMENT OF CORRECTION
DRUG SCREEN CONSENT/REFUSAL**

Name: _____ **TDOC ID:** _____

Date of Birth: _____ **Facility:** _____

I _____, Number: _____, hereby Consent / or Refuse to allow a blood sample, urine specimen to be drawn/collected for the purpose of alcohol or drug screening.

I understand that this is the only opportunity I will be granted for blood to be drawn or urine to be collected prior to possible disciplinary proceedings. I further understand that, if I refuse, this refusal will be considered in the disciplinary proceedings.

Inmate Signature

Date

Witness Signature

Date

| | <u>Positive</u> | <u>Negative</u> | <u>N/A</u> | | <u>Positive</u> | <u>Negative</u> | <u>N/A</u> |
|------|--------------------------|--------------------------|--------------------------|--------------|--------------------------|--------------------------|--------------------------|
| AMP | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BZO | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OPI | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | COC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OXY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | MTD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| THC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PCP | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BAR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | K2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BUP | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ALC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| mAMP | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ | | | |

- Disciplinary Board Ordered _____
- Inmate Involve in Altercation _____
- Pre-Parole Hearing _____
- Program Testing (Non-Substance Use) _____
- Random List _____
- Reasonable Suspicion _____
- Within 30-Day Release _____
- Other Reason, please specify: _____
- Temperature: _____
- Start Time: _____
- End Time: _____