

**State of Maryland
Department of Public Safety and Correctional Services
DOC/PATX/DPDS**

Admission of Substance Use

IP Name: _____ **SID/DOC #:** _____ **CL#:** _____

Collected By: _____ **Specimen Number:** _____

Date Collected: _____ **Time Collected:** _____ AM
 PM

Type of Screening: Rapid Drug Screen - Urine Laboratory - Urine Alcohol - Reditest
 Laboratory - Oral Rapid Drug Screen – Oral

Screening Test Results

Substance	Positive Results
Opiates	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>
Cannabinoids	<input type="checkbox"/>
Benzodiazepines	<input type="checkbox"/>
Methamphetamines	<input type="checkbox"/>
Buprenorphine	<input type="checkbox"/>

Substance	Positive Results
Amphetamines	<input type="checkbox"/>
Oxycodone	<input type="checkbox"/>
PCP	<input type="checkbox"/>
Fentanyl	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**** Tester: Please check all that apply**

I admit that I used the substance(s) for which I have tested positive, as reflected above. I understand that because I have admitted to using the substance(s), a confirmation test will not be conducted. I will accept the sanction to be imposed by the managing official or designee as the result of my truthful admission of substance use.

Incarcerated Individual Signature:

Date:

WITNESSES:

Signature

Title

Date

Signature

Title

Date