

TESTING FOR SPECIFIED 'CLASS A' DRUGS AT POLICE STATIONS

Result of Drug Test

Name of person tested _____

Custody Record No. _____

Case Unique Ref. No. _____

Tested: *On arrest / On charge

Tested after 'trigger' offence: *Yes / No

Authority granted by Inspector or above: *Yes / No

Test refused? *Yes / No

Drug Test Result: Cocaine: *Yes / No

Opiates: *Yes / No

Sample sent to Confirmatory service? *Yes / No

If yes, reason: *Disputed / Medication / Quality Assurance

Charged in same period of detention with arrest offence or other relevant offence (sample to be treated as relating to charge offence) *Yes / No

Date of 1st Court Hearing: _____

Drug Test Result from Cocaine: *Yes / No

Confirmatory Laboratory: Opiates: *Yes / No

Court informed of result on 1st Hearing _____ Signed CPS Prosecutor

Detainee required to attend initial assessment: *Yes / No

If yes, date and location of appointment: __/__/____

If no, state reason: _____

**Paste 3rd copy of
Cozart DDS test result
here for Court**