



**KENTUCKY LAW ENFORCEMENT COUNCIL
Peace Officer Professional Standards
Court Security Professional Standards
Telecommunicator Professional Standards**

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FORM K-2

**DRUG SCREENING THROUGH UNRINALYSIS
CHAIN OF CUSTODY FORM**

Name: _____

Social Security Number: _____

IMPORTANT: Information from line 1 and 2 above must be recorded on the specimen bottle label.

**CHAIN OF CUSTODY
(MUST BE COMPLETED AT TIME OF COLLECTION)**

Purpose of Chain of Custody: _____

Received by: _____
(Signature-KLEC Staff)

Provided by: _____
(Signature-KLEC Staff) (Print Name)

Released by: _____
(Signature-KLEC Staff) (Print Name)

Date: _____ **Time:** _____

Ship Specimen Date: _____

Special Notes: