

SPECIMEN COLLECTION SUPPLY ORDER FORM



Date: _____

Clinic: _____

Account Number: _____

Please review inventory monthly and maintain a 90 day supply on all collection/shipment supplies.

EMAIL ALL SUPPLY REQUESTS TO:
PAA_DUTY@ILNP.USCOURTS.GOV

Collection Supplies	Current Inventory Count	Quantity Requested
Probation Chain of Custody Forms (Green)		
Pretrial Chain of Custody Forms (Blue)		
Specimen Bags		
Flip Top Containers		
Merchandise Return Labels		

NUMBER OF SPECIMEN COLLECTIONS PER MONTH: _____