

**U. S. PROBATION OFFICE
MIDDLE DISTRICT OF GEORGIA
NOTICE TO DEFENDANTS IN DRUG TESTING**

I, _____, understand I was court ordered to submit to substance abuse testing at the direction of the probation office as part of my conditions of release in case number _____. As part of the drug testing program, I understand I must do the following:

- Provide at least 30 ml of fresh unadulterated urine within **one hour** of my arrival at the U.S. Probation Office or upon officer's request at any place or time. Failure to provide a sample during a maximum one hour time period is considered a "stall". However, the decision as to whether or not I am stalling is inevitably left up to the probation officer in the particular situation.
- Refrain from consuming excessive amounts of fluids immediately before or for extended periods prior to submitting a urine sample. I understand I must not consume more than eight ounces of water (½ can of soda) one hour prior to my drug test. I understand excessive consumption of fluids may indicate waterloading to avoid detection of illegal drug use.
- I understand that if because of the water content in my urine, the specific gravity (a measure that compares the weight of urine to the weight of water) of the sample is below 1.003, I may be asked to stay at the probation office for up to two hours with limited fluid consumption (eight ounces or less) to provide another sample.
- I understand my samples will be checked for creatinine, a natural breakdown of protein found in urine commonly used as a marker of dilution. I understand that if my sample has a creatinine level of less than 15 ng/dL, it will be treated as an adulterated sample, unless the reading is the result of a verified medical condition.
- I understand that providing diluted or adulterated samples, or stalling, are violations of my conditions of release, and could result in adverse action, including the revocation of my release.
- I understand I must not take prescription medications without a valid prescription issued in my name. I understand I must provide the probation office valid medical documentation about any prescription medication I take.
- I understand I will not use any medication, beverage, remedy, food or the like which includes quinine or quinine-like compounds, golden herbal tea, poppy seeds, as well as any substance that may alter my urinalysis, without the express consent of my probation officer.

I understand the above requirements and that failure to comply with any of them could result in revocation of my conditions of release:

Defendant

U. S. Probation Officer

Date

Date