SPECIMEN ID NO. (SPLIT)

**PLACE** 

1234567 **SPECIMEN BOTTLE SEAL** 

Date (Mo. Day Yr.) Donor's Initials

**COPY 1 - LABORATORY** 

**OVER** 

**CAP** 

SPECIMEN ID NO. 1234	567	LAB ACCESSION N	O.
TEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE  A. Employer Name, Address, I.D. No.	B. MRO Name, Address,	Dhono and Fay No	<u> </u>
A. Employer Name, Address, I.D. No.	D. WING Name, Address,	THORE AND LAX NO	
C. Donor SSN or Employee I.D. No.  D. Reason for Test: □ Pre-employment □ Random □ R	easonable Suspicion/Cause	□ Post Accider	nt
☐ Return to Duty ☐ Follow-up	Other (specify)	r (specify)	_
F. Collection Site Address:	·		
		ollector Fax No.	
TEP 2: COMPLETED BY COLLECTOR			
	men Collection:		
	nen Collection: it Single None Provide	ed (Enter Remark)	☐ Observed (Enter Remark)
REMARKS			
TEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor ini TEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETE	` ,	EP 5 on Copy 2 (MRC	О Сору)
certify that the specimen given to me by the donor identified in the certification section on	Copy 2 of this form was collected, la	beled, sealed and releas	sed to the Delivery Service noted
accordance with applicable Federal requirements.  AN		) RELEASED TO:	
X Signature of Collector Time of Collection	<b>•</b>		
(PRINT) Collector's Name (First, MI, Last)  Date (Mo./Day/Yr.)	Name of Del	ivery Service Transferring S	Specimen to Lab
RECEIVED AT LAB:	Primary Specimen Bottle Seal Intact	SPECIMEN BOTT	LE(S) RELEASED TO:
Signature of Accessioner	. 🏲		
	□Yes		
(PRINT) Accessioner's Name (First, MI, Last)  Date (Mo./Day/Yr.)	□ No, Enter Remark Below		
TEP 5: COMPLETED BY DONOR  I certify that I provided my urine specimen to the collector; that I have not ac			
evident seal in my presence; and that the information provided on this form a	and on the label affixed to each	specimen bottle is co	orrect.
X Signature of Donor	(PRINT) Donor's Name (First, MI, Last)		Date (Mo. / Day / Yr.)
Daytime Phone No. () Evening Phone No.		Date of B	. , , ,
Should the results of the laboratory tests for the specimen identified by this about prescriptions and over-the-counter medications you may have taken. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either of PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF	orm be confirmed positive, the I herefore, you may want to mak n a separate piece of paper or THE FORM. TAKE COPY 5 WI	Medical Review Offic e a list of those medi on the back of your c	Mo. Day Yr. er will contact you to ask cations for your own records.
TEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIME			
	JSAL TO TEST BECAUSE:	TITUTED	
REMARKS			
X	(DDINT) Madical D. 1. Off. 1. 1.	(First MILLS C)	
Signature of Medical Review Officer	(PRINT) Medical Review Officer's Name	(FIFST, IVII, LAST)	Date (Mo./Day/Yr.)
TEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN In accordance with applicable Federal requirements, my determination	verification for the split spec	cimen (if tested) is:	
☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON			
X Signature of Madical Devians Offices	(DDINT) Modical Daviday Off 1	(First MI I 1)	
Signature of Medical Review Officer	(PRINT) Medical Review Officer's Name	(FIFST, IVII, LAST)	Date (Mo./Day/Yr.)

**COPY 2 - MEDICAL REVIEW OFFICER COPY** 

0000-0000-0225

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

## STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

**COPY 3- COLLECTOR COPY** 

SPECIMEN ID NO.	123456	57	LAB ACCESSION N	O.
TEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESEN				
a. Employer Name, Address, I.D. No.	E	3. MRO Name, Address, I	Phone and Fax No	0.
C. Donor SSN or Employee I.D. No.  D. Reason for Test:   Pre-employment   Random	 Reas	onable Suspicion/Cause	☐ Post Accide	nt
Return to Duty Follow-u	•	Other (specify) Other	(specify)	
F. Collection Site Address:		Co	ollector Phone No	
		Co	ollector Fax No	
TEP 2: COMPLETED BY COLLECTOR	1_			T
Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☐ Yes ☐ No, Enter Remark		n Collection: ☐ Single ☐ None Provide	ed (Enter Remark)	Observed (Enter Remark
REMARKS				
TEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). TEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND CO	Donor initials	seal(s). Donor completes STI	EP 5 on Copy 2 (MRG	О Сору)
I certify that the specimen given to me by the donor identified in the certification s		2 of this form was collected, lat	*	<u> </u>
accordance with applicable Federal requirements.	AM	SPECIMEN BOTTLE(S	) RELEASED TO	:
Signature of Collector  Time of Co	PM billection			
(PRINT) Collector's Name (First, MI, Last)  Date (Mo./I	Day/Yr.)	Name of Deli	very Service Transferring S	Specimen to Lab
RECEIVED AT LAB:		Primary Specimen	SPECIMEN BOTT	LE(S) RELEASED TO:
Signature of Accessioner	<b>&gt;</b>	Bottle Seal Intact		
		□Yes		
(PRINT) Accessioner's Name (First, MI, Last)  Date (Mo. TEP 5: COMPLETED BY DONOR	./Day/Yr.)	☐ No, Enter Remark Below		
TEL 3. GOMI EETED DI DONGIK			specimen bottle use	
I certify that I provided my urine specimen to the collector; that I ha evident seal in my presence; and that the information provided on to				orrect.
evident seal in my presence; and that the information provided on to	his form and	on the label affixed to each s		
evident seal in my presence; and that the information provided on to  X  Signature of Donor	this form and (		specimen bottle is co	Date (Mo. / Day / Yr.)
evident seal in my presence; and that the information provided on the X  Signature of Donor  Daytime Phone No. (	Phone No. (PR)  I d by this form re taken. There is either on a COPY OF TH	con the label affixed to each some services of the label affixed to each some services of the label affixed to each some services of paper or construction and separate piece of paper or construction.	Date of B  Medical Review Office a list of those med on the back of your of	Date (Mo. / Day / Yr.)  irth Mo. Day Yr. eer will contact you to ask ications for your own records.
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evident seal in my presence; and that the information provided on the X  Signature of Donor  Daytime Phone No. () Evening F  Should the results of the laboratory tests for the specimen identified about prescriptions and over-the-counter medications you may have THIS LIST IS NOT NECESSARY. If you choose to make a list, do so PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER OF TEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SEATON OF THE STANCELLED OF THE STANCE OF THE STA	Phone No. (PROPHONE NO. (PROPH	on the label affixed to each so the label aff	Date of B  Medical Review Office a list of those med on the back of your of THYOU.  TITUTED  (First, MI, Last)	Date (Mo. / Day / Yr.)  irth
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**COPY 4- EMPLOYER COPY** 

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FEDERAL DRUG TESTING	<b>CUSTODY AND</b>	<b>CONTROL FORI</b>	M
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	SPECIMEN ID N	, NO.	123456	7	LAB ACCESSION N	O.
TEP 1: COMPLETED BY CO	OLLECTOR OR EMPLOYE	R REPRESENT	TATIVE			
. Employer Name, Addre	ess, I.D. No.		В	. MRO Name, Address,	Phone and Fax No	D.
. Donor SSN or Employe	ee I.D. No					
). Reason for Test:	☐ Pre-employment ☐ ☐ Return to Duty	] Random ☐ Follow-up		onable Suspicion/Cause Other (specify)	☐ Post Accider	nt 
. Drug Tests to be Perford Collection Site Address:		PCP, OPI, AMP	□тнс	& COC Only Other	(specify)	
				Co	ollector Phone No	
				Co	ollector Fax No	
TEP 2: COMPLETED BY CO			lo :	0 " "		T
Read specimen temperat between 90° and 100° F?			1 .	Collection: Single None Provide	ed (Enter Remark)	Observed (Enter Remark)
REMARKS				W. 2		
ΓΕΡ 3: Collector affixes bottle ΓΕΡ 4: CHAIN OF CUSTOD					EP 5 on Copy 2 (MRC	O Copy)
certify that the specimen given t	to me by the donor identified in				beled, sealed and relea	sed to the Delivery Service noted in
ccordance with applicable Feder			AM	SPECIMEN BOTTLE(S		
X Signature of	of Collector	Time of Coll	PM 🛌			
						Descione to Lot
(PRINT) Collector's Na	lame (First, MI, Last)	Date (Mo./Da	ay/Yr.)		very Service Transferring S	
						I F(2) KFI FA2FD 1().
					SPECIMEN BOTT	LL(0) NLLLAOLD 10.
	Signature of Accessioner		<b>&gt;</b>	Bottle Seal Intact	SPECIMEN BOTT	LL(0) NLLL/NOLD 10.
(		Date (Mo./I	<b>▶</b>	Bottle Seal Intact  □ Yes	SPECIMEN BOTT	(O)
(PRINT) Accessioner	's Name (First, MI, Last)	/ 	Day/Yr.)	Bottle Seal Intact	SPECIMEN BUTT	EE(O) NEEE/ROED TO:
(PRINT) Accessioner's	's Name (First, MI, Last)	,		Bottle Seal Intact  □ Yes  □ No, Enter Remark Below		ed was sealed with a tamper-
(PRINT) Accessioner's TEP 5: COMPLETED BY DO I certify that I provided my	's Name (First, MI, Last)	ector; that I hav	e not adulter	Bottle Seal Intact  Yes  No, Enter Remark Below  ated it in any manner; each	specimen bottle use	ed was sealed with a tamper-
(PRINT) Accessioners (PRINT) A	's Name (First, MI, Last)  ONOR  y urine specimen to the collince; and that the information	ector; that I hav	re not adulter is form and o	Bottle Seal Intact  Yes  No, Enter Remark Below  ated it in any manner; each on the label affixed to each search.	specimen bottle use	ed was sealed with a tamper- orrect.
(PRINT) Accessioners  TEP 5: COMPLETED BY DO  I certify that I provided my evident seal in my present  X  Signate	's Name (First, MI, Last)  ONOR  y urine specimen to the colle	ector; that I hav provided on th	e not adulter is form and o	Bottle Seal Intact  Yes  No, Enter Remark Below  ated it in any manner; each	specimen bottle use specimen bottle is co	ed was sealed with a tamper- prrect.  Date (Mo. / Day / Yr.)
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