

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO.

1234567

LAB ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No. _____ B. MRO Name, Address, Phone and Fax No. _____

C. Donor SSN or Employee I.D. No. _____

D. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause Post Accident
 Return to Duty Follow-up Other (specify) _____

E. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC & COC Only Other (specify) _____

F. Collection Site Address: _____

Collector Phone No. _____

Collector Fax No. _____

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark _____

Specimen Collection: Split Single None Provided (Enter Remark) _____ Observed (Enter Remark) _____

REMARKS _____

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

_____ Signature of Collector _____ Time of Collection _____ AM/PM

(PRINT) Collector's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____

SPECIMEN BOTTLE(S) RELEASED TO: _____
Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB:

_____ Signature of Accessioner _____

(PRINT) Accessioner's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____

Primary Specimen Bottle Seal Intact Yes No, Enter Remark Below _____

SPECIMEN BOTTLE(S) RELEASED TO: _____

STEP 5a: PRIMARY SPECIMEN TEST RESULTS - COMPLETED BY PRIMARY LABORATORY

NEGATIVE POSITIVE for: MARIJUANA METABOLITE CODEINE AMPHETAMINE ADULTERATED
 DILUTE COCAINE METABOLITE MORPHINE METHAMPHETAMINE SUBSTITUTED
 REJECTED FOR TESTING PCP 6-ACETYLMORPHINE INVALID RESULT

REMARKS _____

TEST LAB (if different from above) _____

I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

_____ Signature of Certifying Scientist _____ (PRINT) Certifying Scientist's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____

STEP 5b: SPLIT SPECIMEN TEST RESULTS - (IF TESTED) COMPLETED BY SECONDARY LABORATORY

Laboratory Name

Laboratory Address

RECONFIRMED FAILED TO RECONFIRM - REASON _____

I certify that the split specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

_____ Signature of Certifying Scientist _____ (PRINT) Certifying Scientist's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____

PEEL		1234567	A	PLACE OVER CAP	1234567	_____ Date (Mo. Day Yr.)
		SPECIMEN ID NO.			SPECIMEN BOTTLE SEAL	_____ Donor's Initials
PEEL		1234567	B (SPLIT)	PLACE OVER CAP	1234567	_____ Date (Mo. Day Yr.)
		SPECIMEN ID NO.			SPECIMEN BOTTLE SEAL	_____ Donor's Initials

COPY 1 - LABORATORY

OMB No. 0930-0158

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

0000-0000-0225

Drug Form Part 1
 Face Inks: 000 BLK / 000 RED
 Date: 05/09/00
 Not To Use For Colormatch
 Follow PMS Guide For Colors

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO.

1234567

LAB ACCESSION NO.

2A

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No. B. MRO Name, Address, Phone and Fax No. C. Donor SSN or Employee I.D. No. D. Reason for Test: Pre-employment, Random, Reasonable Suspicion/Cause, Post Accident, Return to Duty, Follow-up, Other (specify). E. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP, THC & COC Only, Other (specify). F. Collection Site Address. Collector Phone No. Collector Fax No.

OMB No. 0930-0158

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark. Specimen Collection: Split, Single, None Provided (Enter Remark), Observed (Enter Remark).

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

Signature of Collector, Time of Collection (AM/PM), (PRINT) Collector's Name (First, MI, Last), Date (Mo./Day/Yr.), SPECIMEN BOTTLE(S) RELEASED TO: Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: Signature of Accessioner, (PRINT) Accessioner's Name (First, MI, Last), Date (Mo./Day/Yr.), Primary Specimen Bottle Seal Intact (Yes/No, Enter Remark Below), SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

Signature of Donor, (PRINT) Donor's Name (First, MI, Last), Date (Mo./Day/Yr.), Daytime Phone No., Evening Phone No., Date of Birth (Mo./Day/Yr.)

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). —DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my determination/verification is: NEGATIVE, POSITIVE, TEST CANCELLED, REFUSAL TO TEST BECAUSE: DILUTE, ADULTERATED, SUBSTITUTED. REMARKS. 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

In accordance with applicable Federal requirements, my determination/verification for the split specimen (if tested) is: RECONFIRMED, FAILED TO RECONFIRM - REASON. Signature of Medical Review Officer, (PRINT) Medical Review Officer's Name (First, MI, Last), Date (Mo./Day/Yr.)

COPY 2 - MEDICAL REVIEW OFFICER COPY

0000-0000-0225

Drug Form Part 2 Face Inks: 000 BLK / 000 RED Date: 05/09/00 Not To Use For Colormatch Follow PMS Guide For Colors

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO. **1234567**

LAB ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No. _____ C. Donor SSN or Employee I.D. No. _____ D. Reason for Test: <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____ E. Drug Tests to be Performed: <input type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify) _____ F. Collection Site Address: _____ Collector Phone No. _____ Collector Fax No. _____	B. MRO Name, Address, Phone and Fax No. _____
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OMB No. 0930-0158

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark _____	Specimen Collection: <input type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided (Enter Remark) _____ <input type="checkbox"/> Observed (Enter Remark) _____
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REMARKS _____

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

X _____ Signature of Collector _____ (PRINT) Collector's Name (First, MI, Last)	Time of Collection _____ Date (Mo./Day/Yr.) _____	SPECIMEN BOTTLE(S) RELEASED TO: _____ Name of Delivery Service Transferring Specimen to Lab
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RECEIVED AT LAB: X _____ Signature of Accessioner _____ (PRINT) Accessioner's Name (First, MI, Last)	Date (Mo./Day/Yr.) _____	Primary Specimen Bottle Seal Intact <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark Below _____	SPECIMEN BOTTLE(S) RELEASED TO: _____
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STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

X _____ Signature of Donor	_____ (PRINT) Donor's Name (First, MI, Last)	Date (Mo. / Day / Yr.) _____
Daytime Phone No. () _____	Evening Phone No. () _____	Date of Birth _____ Mo. Day Yr.

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). —DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my determination/verification is:

NEGATIVE POSITIVE TEST CANCELLED REFUSAL TO TEST BECAUSE:
 DILUTE ADULTERATED SUBSTITUTED

REMARKS _____

X _____ Signature of Medical Review Officer	_____ (PRINT) Medical Review Officer's Name (First, MI, Last)	Date (Mo./Day/Yr.) _____
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STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable Federal requirements, my determination/verification for the split specimen (if tested) is:

RECONFIRMED FAILED TO RECONFIRM - REASON _____

X _____ Signature of Medical Review Officer	_____ (PRINT) Medical Review Officer's Name (First, MI, Last)	Date (Mo./Day/Yr.) _____
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COPY 3- COLLECTOR COPY

0000-0000-0225

Drug Form Part 3
 Face Inks: 000 BLK / 000 RED
 Date: 05/09/00
 Not To Use For Colormatch
 Follow PMS Guide For Colors

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO. **1234567** LAB ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No. _____ B. MRO Name, Address, Phone and Fax No. _____

C. Donor SSN or Employee I.D. No. _____

D. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause Post Accident
 Return to Duty Follow-up Other (specify) _____

E. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC & COC Only Other (specify) _____

F. Collection Site Address: _____

Collector Phone No. _____

Collector Fax No. _____

OMB No. 0330-0158

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark _____	Specimen Collection: <input type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided (Enter Remark) _____ <input type="checkbox"/> Observed (Enter Remark) _____
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REMARKS _____

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

<input checked="" type="checkbox"/> _____ Signature of Collector	Time of Collection _____ AM PM	SPECIMEN BOTTLE(S) RELEASED TO: _____ Name of Delivery Service Transferring Specimen to Lab
_____ (PRINT) Collector's Name (First, MI, Last)	Date (Mo./Day/Yr.) _____	

RECEIVED AT LAB:

<input checked="" type="checkbox"/> _____ Signature of Accessioner	Date (Mo./Day/Yr.) _____	Primary Specimen Bottle Seal Intact <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark Below _____	SPECIMEN BOTTLE(S) RELEASED TO: _____
_____ (PRINT) Accessioner's Name (First, MI, Last)			

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo. / Day / Yr.) _____

Daytime Phone No. () _____ Evening Phone No. () _____ Date of Birth _____
Mo. Day Yr.

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). —DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my determination/verification is:

NEGATIVE POSITIVE TEST CANCELLED REFUSAL TO TEST BECAUSE:
 DILUTE ADULTERATED SUBSTITUTED

REMARKS _____

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

In accordance with applicable Federal requirements, my determination/verification for the split specimen (if tested) is:

RECONFIRMED FAILED TO RECONFIRM - REASON _____

Signature of Medical Review Officer

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

Date (Mo./Day/Yr.) _____

COPY 4- EMPLOYER COPY

0000-0000-0225

Drug Form Part 4
 Face Inks: 000 BLK / 000 RED
 Date: 05/09/00
 Not To Use For Colormatch
 Follow PMS Guide For Colors

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO. **1234567**

LAB ACCESSION NO.

5A

OMB No. 0930-0158

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No. _____ B. MRO Name, Address, Phone and Fax No. _____

C. Donor SSN or Employee I.D. No. _____

D. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause Post Accident
 Return to Duty Follow-up Other (specify) _____

E. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC & COC Only Other (specify) _____

F. Collection Site Address: _____

Collector Phone No. _____

Collector Fax No. _____

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark _____

Specimen Collection: Split Single None Provided (Enter Remark) _____ Observed (Enter Remark) _____

REMARKS _____

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

_____ Signature of Collector _____ Time of Collection _____ AM/PM

(PRINT) Collector's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____

SPECIMEN BOTTLE(S) RELEASED TO: _____
Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB:

_____ Signature of Accessioner _____

(PRINT) Accessioner's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____

Primary Specimen Bottle Seal Intact Yes No, Enter Remark Below _____

SPECIMEN BOTTLE(S) RELEASED TO: _____

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

_____ Signature of Donor _____ (PRINT) Donor's Name (First, MI, Last) _____ Date (Mo. / Day / Yr.) _____

Daytime Phone No. () _____ Evening Phone No. () _____ Date of Birth _____
Mo. Day Yr.

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). —DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my determination/verification is:

NEGATIVE POSITIVE TEST CANCELLED REFUSAL TO TEST BECAUSE:
 DILUTE ADULTERATED SUBSTITUTED

REMARKS _____

_____ 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

In accordance with applicable Federal requirements, my determination/verification for the split specimen (if tested) is:

RECONFIRMED FAILED TO RECONFIRM - REASON _____

_____ Signature of Medical Review Officer _____ (PRINT) Medical Review Officer's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____

COPY 5- DONOR COPY

0000-0000-0225

Drug Form Part 5
 Face Inks: 000 BLK / 000 RED
 Date: 05/09/00
 Not To Use For Colormatch
 Follow PMS Guide For Colors