

SPECIMEN ID NO.

LAB ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone No. and Fax No.

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

D. Reason for Test: Pre-employment (1) Random (3) Reasonable Suspicion/Cause (5) Post-Accident (2) Promotion (22) Return to Duty (6) Follow-up (23) Other (specify) (99)

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

F. Collection Site Name: Address: City, State and Zip: Collection Site Code: Collector Phone No.: Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.

Temperature between 90° and 100° F? Yes No, Enter Remark 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 TEST FACILITY

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 requirements.

X Signature of Collector (Print) Collector's Name (First, MI, Last) Date (Mo./Day/Yr.) Time of Collection AM PM

SPECIMEN BOTTLE(S) RELEASED TO:

Quest Diagnostics Courier FedEx Other

Name of Delivery Service

RECEIVED AT LAB OR IITF:

X Signature of Accessioner (Print) Accessioner's Name (First, MI, Last) Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact

Yes No

If No, Enter remarks in Step 5A.

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST FACILITY

NEGATIVE DILUTE POSITIVE for: Marijuana Metabolite (Δ9-THCA) Cocaine Metabolite (BZE) PCP 6-Acetylmorphine Morphine Codeine Methamphetamine Amphetamine MDMA MDA MDEA REJECTED FOR TESTING ADULTERATED SUBSTITUTED INVALID RESULT

REMARKS:

Test Facility (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 requirements.

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

STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY

RECONFIRMED FAILED TO RECONFIRM - REASON Laboratory Name Laboratory Address 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 requirements. X Signature of Certifying Scientist (Print) Certifying Scientist's Name (First, MI, Last) Date (Mo./Day/Yr.)

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES



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A. Employer Name, Address, I.D. No. B. MRO Name, Address, Phone No. and Fax No. C. Donor SSN or Employee I.D. No. D. Reason for Test: E. Drug Tests to be Performed: F. Collection Site Name: Address: City, State and Zip: Collection Site Code: Collector Phone No.: Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.

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

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may 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 requirements, my verification is: [Large yellow redacted area]

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

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

F. Collection Site Name:

Collection Site Code:

Address:

Collector Phone No.:

City, State and Zip:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.

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REMARKS

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X

Signature of Collector

(Print) Collector's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Time of Collection

AM PM

SPECIMEN BOTTLE(S) RELEASED TO:

- [ ] Quest Diagnostics Courier [ ] FedEx [ ] Other

Name of Delivery Service

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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.

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In accordance with applicable requirements, my verification is:

[Large yellow redacted area]

Signature of Medical Review Officer

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

Date (Mo./Day/Yr.)

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Collection Site Code:

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(Print) Collector's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Time of Collection AM PM

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X

Signature of Donor

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

Date (Mo./Day/Yr.)

Daytime Phone No. ( )

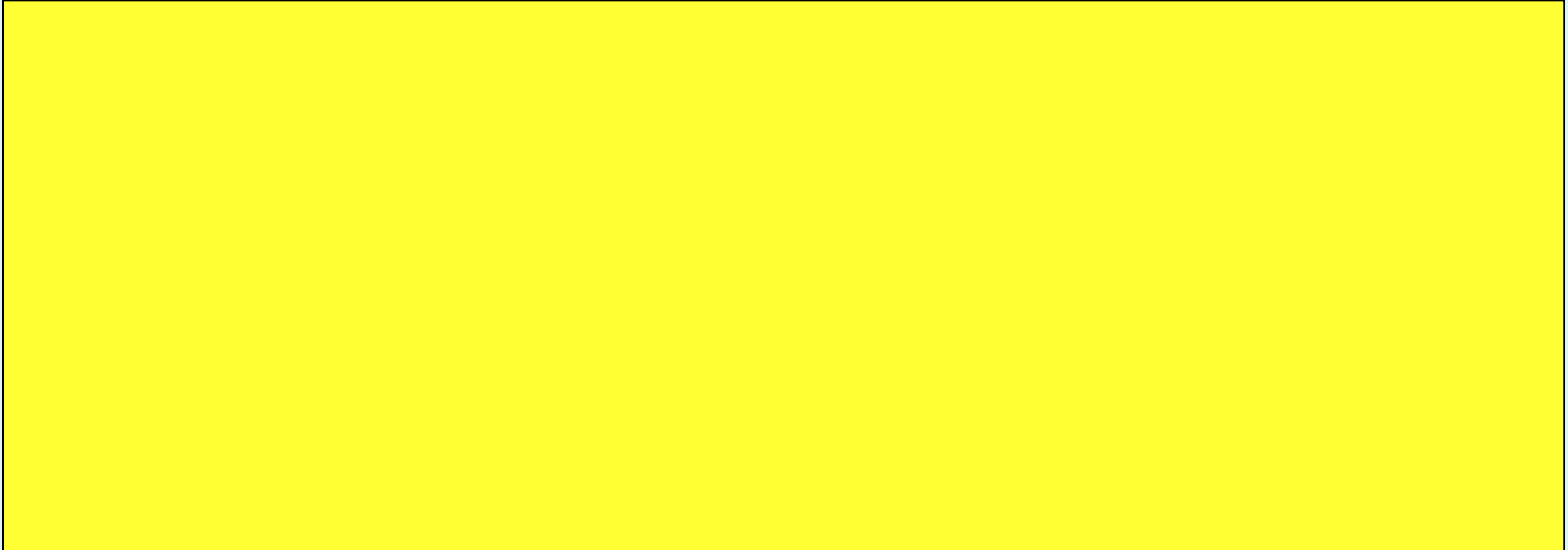
Evening Phone No. ( )

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Signature of Medical Review Officer

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

Date (Mo./Day/Yr.)

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Collection Site Code:

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[Redacted Signature] AM PM (Print) Collector's Name (First, MI, Last) Date (Mo./Day/Yr.) Time of Collection

SPECIMEN BOTTLE(S) RELEASED TO:

- [ ] Quest Diagnostics Courier [ ] FedEx [ ] Other

Name of Delivery Service

STEP 5: COMPLETED BY DONOR

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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.

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In accordance with applicable requirements, my verification is:

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Signature of Medical Review Officer

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

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INSTRUCTIONS FOR COMPLETING DRUG TESTING CUSTODY AND CONTROL FORM

- A Collector ensures that the name and address of the drug testing laboratory appear on the top of the CCF and the Specimen I.D. number on the top of the CCF matches the specimen I.D. number on the labels/seals.
- B Collector provides the required information in STEP 1 on the CCF. The collector provides the remark in STEP 2 if the donor refuses to provide his/her SSN or Employee I.D. number.
- C Collector gives a collection container to the donor for providing a specimen.
- D After the donor gives the specimen to the collector, the collector checks the temperature of specimen within 4 minutes and marks the appropriate temperature box in STEP 2 on the CCF. The collector provides a remark if the temperature is outside the acceptable range.
- E Collector checks the split or single specimen collection box. If no specimen is collected, that box is checked and a remark is provided. If it is an observed collection, that box is checked and a remark is provided. If no specimen is collected, Copy 1 is discarded and the remaining copies are distributed as required.
- F Donor watches the collector pouring the specimen from the collection container into the specimen bottle(s), placing the cap(s) on the specimen bottle(s), and affixing the label(s)/seal(s) on the specimen bottle(s).
- G Collector dates the specimen bottle label(s) after they are placed on the specimen bottle(s).
- H Donor initials the specimen bottle label(s) after the label(s) have been placed on the specimen bottle(s).
- I Collector turns to COPY 2 (MRO Copy) and instructs the donor to read the certification statement in STEP 5 and to sign, print name, date, provide phone numbers and date of birth after reading the certification statement. If the donor refuses to sign the certification statement, the collector provides a remark in STEP 2 on Copy 1.
- J Collector completes STEP 4 (i.e. provides signature, printed name, date, time of collection, and name of delivery service), immediately places the sealed specimen bottle(s) and Copy 1 of the CCF in a leak-proof plastic bag, releases specimen package to the delivery service, and distributes the other copies as outlined in the standard operating procedure manual as required.