



160 Elmgrove Park • Rochester, NY 14624
 Client Services - (585) 247-3500
 Toll Free - 1 (800) 525-5227
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FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

N137356



N 137356

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 and Fax No.

ATT: 11111
 ANY COMPANY
 123 ANY STREET
 ANYTIME, NY 00000
 PH: 555-555-5555 FAX: 555-555-5555

REQ: 00000
 ANYTIME-MD/MRO
 123 ANY STREET
 ANYTIME, NY 00000
 PH: 555-555-5555
 FAX: 555-555-5555

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:

ANY PLACE COLLECTION SITE
 12345 ANYTIME STREET
 ANYTIME, NY 00000

Collector Phone No. 555-555-5555

Collector Fax No. 555-555-5555

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 _____ AM PM
 (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

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

N137356 A
 SPECIMEN ID NO.



N137356
 SPECIMEN BOTTLE SEAL

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

PEEL

N137356 B (SPLIT)
 SPECIMEN ID NO.



N137356
 SPECIMEN BOTTLE SEAL

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