

NON REGULATED DRUG TESTING CUSTODY AND CONTROL FORM



160 Elmgrove Park • Rochester, NY 14624
Client Services - (585) 247-3500
Toll Free - 1 (800) 525-5227
TTD No. - (585) 247-9176



F270077

LABORATORY ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.
ATT: 11111
ANY COMPANY
123 ANY STREET
ANYTIME, NY 00000
PH: 555-555-5555
B. MRO Name, Address, Phone and Fax No.
REG: 00000
ANYTIME, MD/MRO
1234 ANYTIME STREET
ANYTIME, NY 00000
PH: 555-555-5555 FAX: 555-555-5555
C. Donor I.D. No.
D. Reason for Test: Pre-employment, Random, Return to Duty, Follow-up, Reasonable Suspicion/Cause, Post Accident, Other (specify)
E. Drug Tests to be Performed: 9852 Drug Screen, (5-Drugs), 9854 Drug Screen, (9-Drugs), 9853 Drug Screen, (10-Drugs)
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, Observed (Enter Remark)

REMARKS:

STEP 3: Collector affixed 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.
Signature of Collector, Time and Date of Collection, SPECIMEN BOTTLE(S) RELEASED TO: Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB
Signature of Accessioner, Primary Specimen Bottle Seal Intact, SPECIMEN BOTTLE(S) RELEASED TO: Yes No, enter remarks below

STEP 5: SPLIT SPECIMEN TESTS 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 forensic requirements.
Signature of Certifying Scientist, (PRINT) Certifying Scientist's Name (First, MI, Last), Date (Mo./Day/Yr.)



F270077 SPECIMEN BOTTLE SEAL



F270077 SPECIMEN BOTTLE SEAL

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