

# FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO.



0050797541

## STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

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.

X  
Signature of Collector

Time and Date of Collection

Mo. Day Year AM PM

### SPECIMEN BOTTLE(S) RELEASED TO:

- DHL
- Fed Ex
- Other

### RECEIVED AT LAB

X  
Signature of Accessioner

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

Date (Mo./Day/Yr.)

### Primary Specimen Bottle Seal Intact

Yes  No, enter remarks 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.

X  
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

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.

X  
Signature of Certifying Scientist

(PRINT) Certifying Scientist's Name (First, MI, Last)

Date (Mo./Day/Yr.)



0050797541

SPECIMEN ID NO.

A

PLACE

A

OVER CAP

SPECIMEN BOTTLE SEAL

Date (Mo. Day Yr.)

Donor's Initials



0050797541

SPECIMEN ID NO.

B (SPLIT)

PLACE

B

OVER CAP

SPECIMEN BOTTLE SEAL

Date (Mo. Day Yr.)

Donor's Initials