

SAMPLE FORM • SAMPLE FORM



SPECIMEN ID NO. 0052521366

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 I.D. No. _____ Donor Name (F, MI, L) _____

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: _____

F. Collection Site Name and Address: _____

Name: _____ Collector Phone No. _____
 Address: _____
 City, St, Zip: _____ 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 N/A

Specimen Collection (CHECK ALL THAT APPLY)
 Urine Split Saliva Observed (Enter Remark)
 Urine Single Blood

REMARKS: _____

STEP 3: Collector affixes container seal(s) to container(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 in step 4 of this form was collected, labeled, sealed and released to the Delivery Service noted.

Time and Date of Collection: _____ AM _____ PM

X _____ Signature of Collector

(PRINT) Collector's Name (First, MI, Last) _____ Mo. / Day / 20 Year

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

RECEIVED AT LAB

X _____ Signature of Accessioner

(PRINT) Accessioner's Name (First, MI, Last) _____ Mo. / Day / 20 Year

Primary Specimen Container Seal Intact
 Yes No, enter remarks below

SPECIMEN CONTAINER(S) RELEASED TO:

SPECIMEN ID NO. 0052521366

STEP 5a: COMPLETED BY DONOR

Signature of Donor: _____ (PRINT) Donor's Name (First, MI, Last) _____

Date of Collection: _____ Mo. / Day / 20 Year

Date of Birth: _____ Mo. / Day / Year

Daytime Phone No. _____ Evening Phone No. _____

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

My determination/verification is: 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 forensic requirements.

X _____ Signature of Certifying Scientist
 (PRINT) Certifying Scientist's Name (First, MI, Last) _____ Mo. / Day / 20 Year

_____/_____/_____
Date (Mo. Day Yr.)

Donor's Initials

_____/_____/_____
Date (Mo. Day Yr.)

Donor's Initials



BLOOD RECEIVED (CIRCLE):

Serum _____

Purple Top _____

Grey Top _____

Urine Also? _____

Yes No

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES