

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO. 0000001

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

ACCESSION NO.

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. Specify Testing Authority: ☐ HHS ☐ NRC ☐ DOT – Specify DOT Agency: ☐ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCGE. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Other (specify) _____F. Drug Tests to be Performed: ☐ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify) _____

G. Collection Site Address:

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 Federal requirements.

SPECIMEN BOTTLE(S) RELEASED TO:

X

Signature of Collector

AM

PM

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

Date (Mo/Day/Yr)

Time of Collection

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 ☐ NOIf NO, Enter remark
in Step 5A.

SPECIMEN BOTTLE(S) RELEASED TO:

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

☐ NEGATIVE ☐ DILUTE ☐ POSITIVE for: ☐ Marijuana Metabolite (Δ^9 -THCA) ☐ 6-Acetylmorphine ☐ Methamphetamine ☐ MDMA
☐ Cocaine Metabolite (BZE) ☐ Morphinine ☐ Amphetamine ☐ MDA
☐ PCP ☐ Codeine ☐ 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 Federal requirements.

X

Signature of Certifying Technician/Scientist

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

Date (Mo/Day/Yr)

STEP 5b: COMPLETED BY SPLIT TESTING 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.

X

Signature of Certifying Scientist _____ (PRINT) Certifying Scientist's Name (First, MI, Last) _____ Date (Mo/Day/Yr) _____



0000001

SPECIMEN ID NO.

A

PLACE
OVER
CAP0000001
SPECIMEN BOTTLE
SEAL

Date (Mo/Day/Yr)

Donor's Initials



0000001

SPECIMEN ID NO.

B

(SPLIT)

PLACE
OVER
CAP0000001
SPECIMEN BOTTLE
SEAL

Date (Mo/Day/Yr)

Donor's Initials

COPY 1 - TEST FACILITY COPY

OMB No. 0930-0158

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

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