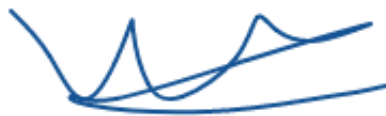




## COC Details

<b>CHAIN OF CUSTODY FORM</b>	<b>NonC Pras</b>		T: 1245859636	
			Address: nfgdhf gnfg, 2323, eded, NSW/ACT, Australia	
			ABN: 45456633122	
			Email: prashant21it@gmail.com	
<b>REQUESTING AUTHORITY</b>	<b>DONOR INFORMATION</b>			
Collection/Screen Date: 09/05/2017	Name: Pras			
Nominated Representative: Fgcxv				
Client: Pras Luck	DOB: 30/05/2007			
Collection Site: MGddv sdfsd	Employee			
Drug to be tested: AS/NZS 4308:2008	Contractor details:			
Please Note: NATA/RCPA accreditation does not cover the performance of breath test	Identity Verified	ID Type: Medicare Card	ID No: Rhcv	
<p>Have you taken any medication, drugs or other non-prescription agents in last week? No</p> <p>I consent to the testing of my breath/urine/oral fluid sample for alcohol &amp;/or drugs.</p> <p>Donor Signature:</p>				



<b>Alcohol Breath Test</b>	Device Serial#:		Cut off Level:		Wait Time <sub>[Minutes]</sub> :	
	Test 1:	Time: hours	Test 2:	Time: hours		

<b>Collection of Sample/On-Site Drug Screening Results</b>
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Void Time: 05 : 55 hours		Sample Temp C: 6		Temp Read Time within 4 min: 06 : 28 hours			
Intect 7 Lot. No.: 4		Expiry: 31/05/2018		Visual Colour: Red			
Creatinine: Bg <sub>jv</sub>		Other Integrity: Fresh		Hydration: Herbst			
Device Name: Bg <sub>vch</sub>		Reference#: 51485		Lot#: 524885		Expiry: 27/05/2020	
Drugs Class		Cocaine	Amp	mAmp	THC	Opiates	Benzo
Screening Result	N = Negative result U = Further testing required	Further Testing Required	Negative	Further Testing Required	Further Testing Required	Negative	Negative

<b>Donor Declaration</b>
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I certify that the specimen(s) accompanying this form is my own. Where on-site screening was performed, such screening was carried out in my presence. In the case of my specimen(s) being sent to the laboratory for testing, I certify that the specimen containers were sealed with tamper evident seals in my presence and the identifying information on the label is correct. I certify that the information provided on this form to be correct and I consent to the release of all test results together with any relevant details contained on this form to the nominated representative of the requesting authority.

Donor Signature:	Date: 09/05/2017
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### Collector Certification

I certify that I witnessed the Donor signature and that the specimen(s) identified on this form was provided to me by the Donor whose consent and declaration appears above, bears the same Donor identification as set forth above, and that the specimen(s) has been collected and if needed divided, labelled and sealed in accordance with the relevant Standard. \*If two Collectors are present the second Collector (2) is to perform sample collection/screening for Alcohol and Urine.

Collector 1 Name/Number: Hhfcx

Collector 2 Name/Number:

Signature:



Signature:

Comments or Observation: Tsuchiya vi

Comments or Observation:

### Chain of Custody

Received By(print)

Signature

Date/Time Received

Seal Intact

Label/Bar Code  
Match

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