



COC Details



CHAIN OF CUSTODY FORM	shalini non cor fr		T: 1245689000	
			Address: noida, 1234, noida, NSW/ACT, Australia	
			ABN: 12093847565	
			Email: singhshalini3012@gmail.com	
REQUESTING AUTHORITY	DONOR INFORMATION			
Collection/Screen Date: 01/05/2017	Name: Shalini			
Nominated Representative: No				
Client: shalini non cor fr cl	DOB: 09/05/2017			
Collection Site: shalini Non Cor Fr Cl Site	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: Test	
<p>Have you taken any medication, drugs or other non-prescription agents in last week? Test</p> <p>I consent to the testing of my breath/urine/oral fluid sample for alcohol &/or drugs.</p> <p>Donor Signature:</p>				

Alcohol Breath Test		Device Serial#: W		Cut off Level: 1		Wait Time _[Minutes] : 02 : 00	
		Test 1: 1	Time: 02 : 02 hours		Test 2: 1	Time: 02 : 02 hours	
Collection of Sample/On-Site Drug Screening Results							
Void Time: 01 : 02 hours		Sample Temp C: 2		Temp Read Time within 4 min: 01 : 02 hours			
Intect 7 Lot. No.: 1		Expiry: 09/05/2017		Visual Colour: G			
Creatinine: Y		Other Integrity: E		Hydration: No			
Device Name: Test		Reference#: 1		Lot#: 2		Expiry: 09/05/2017	
Drugs Class		Cocaine	Amp	mAmp	THC	Opiates	Benzo
Screening Result	N = Negative result U = Further testing required	Further Testing Required	Negative	Negative	Further Testing Required	Negative	Negative
Donor Declaration							
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: Test	Collector 2 Name/Number: Test
Signature: 	Signature: 
Comments or Observation: Test	Comments or Observation:

Chain of Custody

Received By(print)	Signature	Date/Time Received	Seal Intact	Label/Bar Code Match