







COC Details

CHAIN OF CUSTODY FORM				T:
				Address: , , , ,
				ABN:
				Email:
REQUESTING AUTHORITY	DONOR INFORMATION			
Collection/Screen Date: 10/03/2017	Name:			
Nominated Representative:				
Client:	DOB: 12/03/2008			
Collection Site:	Contractor			
Drug to be tested: Breath Alcohol	Contractor detaild: Cont			
Please Note: NATA/RCPA accreditation does not cover the performance of breath test	Identity Verified	ID Type: Medicare Card	ID No: Hak27373	
(Optional): Yes, I have taken the following medication, drugs, or other non-prescription agents in the last week I consent to the testing of my breath/urine/oral fluid sample for alcohol &/or drugs. Donor Signature:				
				

Alcohol Breath Test		Device Serial#: Hwj		Cut off Level: 2		Wait Time _[Minutes] : 2	
		Test 1: 23	Time: 16 : 056 hours		Test 2: 6	Time: 03 : 31 hours	
Collection of Sample/On-Site Drug Screening Results							
Void Time: 2 : 00 hours		Sample Temp C:		Temp Read Time within 4 min: 6 : 00 hours			
Intect 7 Lot. No.:		Expiry: 01/01/1970		Visual Colour:			
Creatinine:		Other Integrity:		Hydration:			
Device Name:		Reference#:		Lot#:		Expiry: 01/01/1970	
Drugs Class		Cocaine	Amp	mAmp	THC	Opiates	Benzo
Screening Result	N = Negative result U = Further testing required						
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: 10/03/2017	
							
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: Ghjb yh		Collector 2 Name/Number:		
Signature: 		Signature:		
Comments or Observation: Gh		Comments or Observation:		
Chain of Custody				
Received By(print)	Signature	Date/Time Received	Seal Intact	Label/Bar Code Match
Cutsody		10/03/2017 11 : 4 PM	Yes	Yes