







## COC Details

|   |                           |                        |  |
|---|---------------------------|------------------------|--|
| <b>CHAIN OF CUSTODY FORM</b>  | <b>Mobile Connekt New</b> |                        | T: 1234123444                                  |
|   |                           |                        | Address: Noble Park, 1234, QLD, QLD, Australia |
|   |                           |                        | ABN: 12341231111                               |
|   |                           |                        | Email: fawadmobileconnekt@hotmail.com          |
| <b>REQUESTING AUTHORITY</b>   | <b>DONOR INFORMATION</b>  |                        |  |
| Collection/Screen Date: 27/03/2017  | Name: Vv                  |                        |  |
| Nominated Representative: J   |                           |                        |  |
| Client: Client One  | DOB: 20/03/2017           |                        |  |
| Collection Site: Site one One   | Employee                  |                        |  |
| Drug to be tested: Breath Alcohol   | Contractor detaild:       |                        |  |
| Please Note: NATA/RCPA accreditation does not cover the performance of breath test  | Identity Verified         | ID Type: Medicare Card | ID No: Bhb                                     |
| Have you taken any medication, drugs or other non-prescription agents in last week? Bh<br>I consent to the testing of my breath/urine/oral fluid sample for alcohol &/or drugs.<br>Donor Signature: |                           |                        |  |



|  |   |                   |                    |   |           |                                    |                  |
|--|---|-------------------|--------------------|---|-----------|------------------------------------|------------------|
| Alcohol Breath Test  |   | Device Serial#: B |                    | Cut off Level: 1                        |           | Wait Time <sub>[Minutes]</sub> : 1 |                  |
|  |   | Test 1: 1         | Time: 1 : 00 hours |   | Test 2: 1 | Time: 1 : 00 hours                 |                  |
| Collection of Sample/On-Site Drug Screening Results  |   |                   |                    |   |           |                                    |                  |
| Void Time: : 00 hours  |   | Sample Temp C:    |                    | Temp Read Time within 4 min: : 00 hours |           |                                    |                  |
| Intect 7 Lot. No.:   |   | Expiry:           |                    | Visual Colour:                          |           |                                    |                  |
| Creatinine:  |   | Other Integrity:  |                    | Hydration:                              |           |                                    |                  |
| Device Name:   |   | Reference#:       |                    | Lot#:                                   |           | Expiry: N/A                        |                  |
| Drugs Class  |   | Cocaine           | Amp                | mAmp                                    | THC       | Opiates                            | Benzo            |
| Screening Result   | N = Negative result<br>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: 20/03/2017 |

|  |   |   |             |                      |
|--|---|---|-------------|----------------------|
|   |   |   |             |                      |
| <b>Collector Certification</b>   |   |   |             |                      |
| 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: Vb  |   | Collector 2 Name/Number:  |             |                      |
| Signature:<br>  |   | Signature:<br> |             |                      |
| Comments or Observation: Bb  |   | Comments or Observation:  |             |                      |
| <b>Chain of Custody</b>  |   |   |             |                      |
| Received By(print)   | Signature   | Date/Time Received  | Seal Intact | Label/Bar Code Match |
| B  |  | 27/03/2017 2 : 00 AM  | Yes         | Yes                  |
|  |   |   |             |                      |

|  |  |  |  |  |  |
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