



COC Details

CHAIN OF CUSTODY FORM	shaliniFrFirst		T: 2123454321	
			Address: noida, 1099, noida, NSW/ACT, Australia	
			ABN: 12345678912	
			Email: shaliniFrFirst@gmail.com	
REQUESTING AUTHORITY	DONOR INFORMATION			
Collection/Screen Date: 18/05/2017	Name: Dhhh gfg			
Nominated Representative: Gghv				
Client: shaliniFrFirstCl	DOB: 01/05/2007			
Collection Site: shaliniFrFirstClSite	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: Bcbc562	
<p>Have you taken any medication, drugs or other non-prescription agents in last week? Yes</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#:		Cut off Level:		Wait Time _[Minutes] :	
		Test 1:	Time: hours		Test 2:	Time: hours	
Collection of Sample/On-Site Drug Screening Results							
Void Time: 05 : 06 hours		Sample Temp C: 7		Temp Read Time within 4 min: 08 : 09 hours			
Intect 7 Lot. No.:		Expiry:		Visual Colour: Hfgx			
Creatinine: Vff		Other Integrity: Ddvd		Hydration: Hhxc			
Device Name: Gfcv		Reference#: 125		Lot#: 254		Expiry: 17/05/2018	
Drugs Class		Cocaine	Amp	mAmp	THC	Opiates	Benzo
Screening Result	N = Negative result U = Further testing required	Further Testing Required	Negative	Further Testing Required	Negative	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: 04/05/2017



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: Bfgc

Collector 2 Name/Number:

Signature:



Signature:

Comments or Observation: Bgych hggv

Comments or Observation:

Chain of Custody

Received By(print)

Signature

Date/Time Received

Seal Intact

Label/Bar Code
Match