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SPECIMEN ID

Care360®



CLIENT NO. 10558295

LAB ACCESSION NO.

Employer Name, Attention, Address, Phone and Fax No.

DTS LLC
JOHN MILES
712 H STREET NE STE 1080
WASHINGTON, DC 20002
Phone#: (202)808-3368 Fax#: (202)544-1006

MRO Name, Attention, Address, Phone and Fax No.

DAVID NAHIN MD
I3SCREEN
9501 NORTHFIELD BLVD
DENVER, CO 80238
Phone#: (877)585-7366 Fax#: (855)253-5666

Donor ID: **Serrat789**
Donor ID Verify by: **Photo ID**
Reason for Test: **OTHER - OTHER**
Tests to be Performed: **(35360N) SAP 10-50 + W/NIT**

Donor Name: **Serrat, Juan****WEB SERVICE ORDER**

Collection Site Name: **Quest Diagnostics-Fry Rd. KHX**
Address: **952 S Fry Rd**
City, State and Zip: **Katy, TX 77450**

Collection Site Code:

KHX

Collector Phone No.: **(281)599-9603**
Collector Fax No.: **(281)599-8137**

Read specimen temperature within 4 minutes. Is temperature between 90° and 100°F? **Yes**Specimen Collection: **Single**

REMARKS:

I certify that the specimen given to me by the donor identified in donor certification section of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X

10:55 AM

Time of Collection

5/12/2017

Date (Mo/Day/Yr)

SPECIMEN(S) RELEASED TO:

Quest Diagnostics Courier

RECEIVED

AT LAB:

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo/Day/Yr)

Primary Specimen Seal Intact

☐ Yes ☐ No, Enter Remark Below

SPECIMEN(S) RELEASED TO:

COMPLETED BY DONOR

I certify that I provided my specimen(s) to the collector; that I have not adulterated it in any manner; each specimen container used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen container is correct.

X

Signature of Donor

Juan Serrat

(Print) Donor's Name (First, MI, Last)

5/12/2017

Date (Mo/Day/Yr)

Daytime Phone No. (202)808-3368

Evening Phone No. (202)808-3368

Date of Birth

8/11/1989

Mo. Day Yr.

Donor Copy

Donor Copy - Do not send to lab

INSTRUCTIONS FOR COMPLETING FORENSIC DRUGTESTING CUSTODY AND CONTROL FORM

Note: Use ballpoint pen, press hard, print all information with the exception of signatures, and check all copies for legibility.

- A. Collector ensures that the Specimen ID number on the top of the CCF matches the specimen ID number on the labels/seals.
- B. Collector provides the required information in STEP 1 on the CCF. The collector provides the remark in STEP 2 if the donor refuses to provide his/her SSN or Employee ID number.
- C. Collector gives a collection container to the donor for providing a specimen.
- D. After the donor gives the specimen to the collector, the collector checks the temperature of specimen within 4 minutes and marks the appropriate temperature box in STEP 2 on the CCF. The collector provides a remark if the temperature is outside the acceptable range.
- E. Collector checks the split or single specimen collection box. If no specimen is collected, that box is checked and a remark is provided. If no specimen is collected, Copy 1 is discarded and the remaining copies are distributed as required.
- F. Donor watches the collector pour the specimen from the collection container into the specimen bottle(s), place the cap(s) on the specimen bottle(s), and affix the label(s)/seal(s) across the top of the specimen bottle(s) and down the sides.
- G. Collector dates the specimen bottle label(s) after they are placed on the specimen bottle(s).
- H. Donor initials the specimen bottle label(s) after the label(s) have been placed on the specimen bottle(s).
- I. Collector instructs the donor to read the certification statement in STEP 5 and to sign, print name, date, provide phone numbers and date of birth after reading the certification statement. If the donor refuses to sign the certification statement, the collector provides a remark in STEP 2 on Copy 1.
- J. Collector completes STEP 4 (i. e., provides signature, printed name, date, time of collection and name of delivery service), immediately places the sealed specimen bottle(s) and Copy 1 of the CCF in a leak-proof plastic bag, places the tracking label from the CCF on the specimen package, releases specimen package to the delivery service and distributes the other copies as outlined below.

COMPLETING THE COLLECTION PROCESS:

Fax COPY 2 directly to the Medical Review Officer. Do NOT send to laboratory.

File original with Collector's copy.

Retain COPY 3 for your records. Do NOT send to laboratory.

Forward COPY 4 to the employer. Do NOT send to laboratory.