

## FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO.



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CLINICAL REFERENCE  
LABORATORY  
8433 QUIVIRA • LENEXA, KANSAS 66215

OMB No. 0930-0158

## STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

ACCESSION NO.

A. Employer Name, Address, I.D. No.

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

C. Donor SSN or Employee I.D. No.

D. Specify Testing Authority: ☐ HHS ☐ NRC Specify DOT Agency: ☐ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCGE. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Other (specify) \_\_\_\_\_F. Drug Tests to be Performed: ☐ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify) \_\_\_\_\_

G. Collection Site Address:

Collector Phone No. \_\_\_\_\_

Collector Fax No. \_\_\_\_\_

## STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.

Temperature between 90° and 100° F? ☐ Yes ☐ No, Enter Remark \_\_\_\_\_ Collection: ☐ Split ☐ Single ☐ None Provided, Enter Remark \_\_\_\_\_ ☐ Observed, Enter Remark \_\_\_\_\_

REMARKS

## STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

## STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

SPECIMEN BOTTLE(S) RELEASED TO:

X

Signature of Collector

AM

PM

(PRINT) Collector's Name (First, MI, Last)

Date (Mo/Day/Yr)

Time of Collection

Name of Delivery Service

## RECEIVED AT LAB OR IITF:

X

Signature of Accessioner

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

Date (Mo/Day/Yr)

Primary Specimen  
Bottle Seal Intact☐ YES ☐ NOIf NO, Enter remark  
in Step 5A.

SPECIMEN BOTTLE(S) RELEASED TO:

## STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST FACILITY

☐ NEGATIVE ☐ POSITIVE for: ☐ Marijuana Metabolite ( $\Delta 9$ -THCA) ☐ Methamphetamine ☐ MDMA ☐ 6-AcetylMorphine ☐ OXYC ☐ HYC  
☐ DILUTE ☐ Cocaine Metabolite (BZE) ☐ Amphetamine ☐ MDA ☐ Morphine ☐ OXYM ☐ HYM  
☐ PCP ☐ Codeine☐ REJECTED FOR TESTING ☐ ADULTERATED ☐ SUBSTITUTED ☐ INVALID RESULT

REMARKS:

Test Facility (if different from above) :

I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

X

Signature of Certifying Technician/Scientist

(PRINT) Certifying Technician/Scientist's Name (First, MI, Last)

Date (Mo/Day/Yr)

## STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON \_\_\_\_\_

I certify that the split specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

X

Signature of Certifying Scientist

(PRINT) Certifying Scientist's Name (First, MI, Last)

Date (Mo/Day/Yr)

Laboratory Name

Laboratory Address

INTEGRATED LABEL

PLACE  
OVER  
CAP

0000000000

SPECIMEN BOTTLE  
SEAL

Date (Mo. Day Yr.)

Donor's Initials

PLACE  
OVER  
CAP

0000000000

SPECIMEN BOTTLE  
SEAL

Date (Mo. Day Yr.)

Donor's Initials

Peel on an upward  
angle across form.Do not peel directly  
across form.

COPY 1 - TEST FACILITY COPY

V1.9

12/17