

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO.

0055296387



0055296387



CLINICAL REFERENCE LABORATORY

8433 QUIVIRA • LENEXA, KANSAS 66215

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

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

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

AMERICAN MEDICAL REVIEW OFFICERS
DR DAVID PAINE MRO1752
7 COMPOUND DR HUTCHINSON, KS 67502
MRO PH: 866-359-0414 FX: 620-664-5594

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

D. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause Post Accident
 Return to Duty Follow-up Other (specify) _____

E. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC & COC only Other (specify) _____

F. Collection Site Address:

Collector Phone No. ()

Collector Fax No. ()

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark _____
Specimen Collection: Split Single None Provided (Enter Remark) _____ Observed (Enter Remark) _____

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottles(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 LABORATORY

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.

X _____
Signature of Collector
(PRINT) Collector's Name (First, MI, Last) _____
Time and Date of Collection: _____ AM _____ PM
Mo. Day Year
SPECIMEN BOTTLE(S) RELEASED TO:
 DHL Fed Ex Other
Name of Delivery Service Transferring Specimen to Laboratory _____

RECEIVED AT LAB

X _____
Signature of Accessioner
(PRINT) Accessioner's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____
Primary Specimen Bottle Seal Intact: Yes No, Enter Remark Below _____
SPECIMEN BOTTLE(S) RELEASED TO: _____

STEP 5a: PRIMARY SPECIMEN TEST RESULTS - COMPLETED BY PRIMARY LABORATORY

NEGATIVE POSITIVE for: MARIJUANA METABOLITE CODEINE AMPHETAMINE ADULTERATED
 DILUTE COCAINE METABOLITE MORPHINE METHAMPHETAMINE SUBSTITUTED
 REJECTED FOR TESTING PCP 6-ACETYLMORPHINE INVALID RESULT

REMARKS _____

TEST LAB (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 Scientist (PRINT) Certifying Scientist's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____

STEP 5b: SPLIT SPECIMEN TEST RESULTS - (IF TESTED) COMPLETED BY SECONDARY LABORATORY

Laboratory Name

Laboratory Address
 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.) _____

CMCN #000131

★ PRESS HARD ★ YOU ARE MAKING MULTIPLE COPIES

0055296387

PEEL		A	A	PLACE OVER CAP	0055296387	Date (Mo. Day Yr.)
	0055296387	SPECIMEN ID NO.			SPECIMEN BOTTLE SEAL	Donor's Initials
PEEL		B	B	PLACE OVER CAP	0055296387	Date (Mo. Day Yr.)
	0055296387	SPECIMEN ID NO. (SPLIT)			SPECIMEN BOTTLE SEAL	Donor's Initials