



LAB ACCESSION NO.

SPECIMEN ID NO.



STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

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 FX: 620-664-5594 PH: 866-359-0414 C. Donor I.D. No. D. Reason for Test: E. Drug Tests to be Performed: F. Collection Site Name and Address:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Specimen Collection: Split, Single, None Provided, Observed. REMARKS:

STEP 3: Collector affixes container seal(s) to container(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 4

STEP 4: COMPLETED BY DONOR

I hereby consent to have my specimen taken, and I understand that it will be used for drug analysis by Clinical Reference Laboratory... Date of Collection, Date of Birth, Daytime Phone No., Evening Phone No., Signature of Donor, SPECIMEN ID NO. 0049786285

STEP 5: 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 in step 4 of this form was collected, labeled, sealed and released to the Delivery Service noted. Signature of Collector, Time and Date of Collection, SPECIMEN CONTAINER(S) RELEASED TO: Signature of Accessioner, Primary Specimen Container Seal Intact, SPECIMEN CONTAINER(S) RELEASED TO:

PEEL. 0049786285 SPECIMEN ID NO. PLACE OVER CAP. 0049786285 SPECIMEN BOTTLE SEAL. Date (Mo. Day Yr.) Donor's Initials. (SPUT)

* PRESS HARD * YOU ARE MAKING MULTIPLE COPIES 0049786285