

NON-REGULATED 5 PART DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO.

724924292



402 W County Rd D
St. Paul, MN 55112
(651) 636-7466
(800) 832-3244



STEP 1

To be completed by **COLLECTOR**
or **EMPLOYER REPRESENTATIVE** Account #

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

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

LAB ACCESSION NO.

Account #

Donor Name

Donor I.D.

Donor
Daytime
Phone

C.

D. Reason for Test
(Last, First)

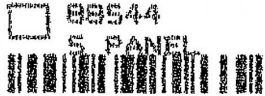
- Pre-employment
- Random
- Reasonable Suspicion/Cause
- Return To Duty
- Follow-up
- Post Accident
- Other (Specify)

E. Collection Site Name

Collector
Phone No.

Collector
Fax No.

F. Test(s)



OTHER
TEST CODE:

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)

14008

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 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 requirements.

X
Signature of Collector

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

Time of
Collection

Date
(Mo./Day/Yr.)

- AM
- PM

SPECIMEN BOTTLE(S) RELEASED TO:

Name of Delivery Service Transferring Specimen to Lab

- UPS
- Local Courier
- Other

RECEIVED AT LAB:

X
Signature of Accessioner

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

Date (Mo. Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

Primary Specimen
Bottle Seal Intact

- Yes
- No, Enter Remark Below

SPECIMEN ID NO.

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SPECIMEN ID NO.

A - SPECIMEN
30 ML



A-30 ML

Date (Mo. Day. Yr.)

Donor's Initials

B
SPLIT YELLOW
15 ML



B-15 ML

Date (Mo. Day. Yr.)

Donor's Initials

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