

This process is the same for Federal (DOT) and Forensic (NonDOT) CCF belonging to any lab.

Any Lab

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

LEAVE SPECIMEN ID

CLEARLY write the new Lab Account number on the CCF

Mark through the Lab Account Barcode with Pen so the Lab cannot scan the barcode.

On CCF's with no lab account barcode, mark through lab account number that is pre-printed on the form

Mark through the Employer name and address; Mark through the MRO Name

Write the new company name, address, ph# AND the new MRO name, address, Ph# and Fx# on the CCF.

Printed: 05/12 1100
Customer Svc: 800-833-3984
SPECIMEN ID NO: 0214266975
ACCESSION NO: 001234

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No. [REDACTED] B. MRO Name, Address, Phone No. and Fax No. [REDACTED]

C. Donor SSN or Employee I.D. No. [REDACTED]

D. Specify Testing Authority: HHS NRC DOT - Specify DOT Agency: FMCSA FAA FRA FTA PHMSA USCG

E. 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) _____

Temperature between 90° and 100° F? Yes No. 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.

Signature of Collector: _____ Date: _____ Time of Collection: _____

NAME OF DELIVERY SERVICE: _____

RECEIVED AT LAB OR RTP: YES NO

Signature of Accessioner: _____ Date: _____

Primary Specimen Bottle Seal Intact: YES NO

IF NO, Enter remark in Step 5A.

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

NEGATIVE DILUTE POSITIVE for: Marijuana Metabolite (AG-THCA) G-Acetylmorphine Methamphetamine MDMA Cocaine Metabolite (BZE) Morphine Amphetamine MDA PCP Codeine MDEA

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.

Signature of Certifying Technician/Scientist: _____ Date: _____

STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY

Laboratory Name: _____

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.

Signature of Certifying Scientist: _____ Date: _____

Barcode: 0214266975

DATE: _____

DATE: _____

These are the container seals the collector uses to seal the specimen(s). Collector does not make any changes