1654301820

NON-FEDERAL FOUR-PART DRUG TESTING CUSTODY AND CONTROL FORM

0711950/072621

Alere™

1111 Newton St., Gretna, LA 70053
450 Southlake Blvd., Richmond, VA 23236
Phone: 800.433.3823 | Fax: 504.361.8298

Airbill / Courier Tracking Number

Specimen ID

STEP 1: TO BE COMPLETED by Collector or Employer/Client Representative

A. Employer/Client Name, Address, Phone, & Fax:

Facility Number

B. MRO Name, Address, Phone, & Fax:

C. Name/ID:

PRINT ALL IN CAPS for Donor Name (Last Name, First Name MI), leave space between names/ID/Auxiliary Data.

Sub Acct: (optional)

D. Donor SSN or Employee ID No.:

E. Daytime Phone No.: ( ) -

F. Evening Phone No.: ( ) -

G. Reason for Test: ☐ Pre-Employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Other

H. Panel: If a panel is not selected below, Alere will use the default for the Facility listed above. See back of copy 4 for additional panel instructions.

☐ A ☐ B ☐ C ☐ D ☐ E ☐ Other: (write in panel number)

I. Collection Site Name & Address:

Collector Phone No.: (Enter here if not printed below) ( ) -

COLLECTION SITE INFORMATION
NOT REQUIRED IN THIS AREA
XXXXXXXX, XX XXXXXX

Collector Number
000000

1101 REV 07.2013

STEP 2: TO BE COMPLETED by Collector - *Within 4 minutes, read temperature of specimen.*

Within range? ☐ Yes 90°-100°F / 32°-38°C ☐ No ☐ Below 90°F / 32°C ☐ Above 100°F / 38°C

Oral Fluid, temperature ☐ not applicable

Split Specimen ☐ No ☐ Yes

Observed ☐

Remarks:

STEP 3: TO BE COMPLETED by Collector and Donor - *Collector affixes bottle seals(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).*

STEP 4: TO BE COMPLETED by Donor

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen container used was sealed with tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen container is correct.

X

Signature of Donor

Date: / /

Donor Date of Birth (Mo./Day/Yr.) / /

STEP 5: CHAIN OF CUSTODY - *Initiated by Collector and completed by Laboratory*

I certify that the specimen given to me by the donor identified above was collected, labeled, sealed, and released in accordance with applicable requirements.

PRINT Collector Name (First, MI, Last)

Date Collected (Mo./Day/Yr.) / /

Time Collected: : ☐ AM ☐ PM

X

Signature of Collector

Specimen Bottle(s) Released to: COURIER

Service Transferring Specimen to Lab

STEP 6: TO BE COMPLETED by Lab

RECEIVED AT LAB:

X

Signature of Accessioner

PRINT Accessioner Name (First MI Last)

Date (Mo/Dy/Yr)

Primary Specimen Seal Intact? ☐ Yes ☐ No, Enter Remark

Specimen(s) Released to: TEMPORARY STORAGE

Remarks:

LAB NUMBER

SPECIMEN ID NO.

A

CENTER OVER CAP A

Date (Mo./Day/Yr.)

Donor's Initials

SPECIMEN BOTTLE SEAL

SPECIMEN ID NO.

B (SPLIT)

CENTER OVER CAP B

Date (Mo./Day/Yr.)

Donor's Initials

SPECIMEN BOTTLE SEAL

COPY 1 - ORIGINAL - MUST ACCOMPANY SPECIMEN TO LABORATORY