

5343111491

# FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

1111 Newton Street, Gretna, LA 70053 | Phone: 504-361-8989 | Fax: 504-361-8298



57329697

AIRBILL NUMBER

LAB NUMBER

AIRBILL NUMBER

SPECIMEN ID NUMBER **57329697**

**STEP 1: To be completed by Collector or Employer Representative**

**A. Employer Name, Address, ID No.**

DEPARTMENT NAME / DOT

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE # FAX #

Facility Number

Facility Number

123456

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

VON STEIFF, FRED MD

2477 PACHECO STREET

CONCORD, CA 94520

(925) 674-8080 (925) 671-8133

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

SSN/ID Number grid

**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):

**G. Collection Site Address:**

Collection Site Address grid

Collector Phone No.:

Collector Fax No.:

Collector Number

**STEP 2: To be completed by Collector (Make Remarks when appropriate) Collector reads specimen temperature within 4 minutes.**

Is temperature between 90° and 100°F?  Yes  No, Enter Remark Collection:  Split  Single  None Provided, Enter Remark  Observed, 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.

SPECIMEN BOTTLE(S) RELEASED TO:

Collector Name grid

PRINT Collector Name (First, MI, Last)

Date Collected (Mo/Dy/Yr)

Signature of Collector

Time Collected:  AM  PM

Name of Delivery Service

**Received at Lab or IITF:**

Signature of Accessioner

Primary Specimen Bottle Seal Intact?  Yes  No, enter remark in Step 5A.

SPECIMEN BOTTLE(S) RELEASED TO:

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

Date (Mo/Dy/Yr)

**STEP 5A: Primary Specimen Report to be completed by Test Facility**

NEGATIVE  POSITIVE for:  Marijuana Metabolite (THC)  6-Acetylmorphine  Methamphetamine  MDMA  DILUTE  Cocaine Metabolite (BZE)  Morphine  Amphetamine  MDA  PCP  Codeine  MDEA  REJECTED  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

PRINT Certifying Technician/Scientist Name (First, MI, Last)

Date (Mo/Dy/Yr)

**STEP 5B: To be completed by Split Testing Laboratory**

RECONFIRMED  FAILED TO RECONFIRM - REASON:

Laboratory Name

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.

Laboratory Address

Signature of Certifying Scientist

PRINT Certifying Scientist Name

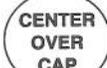
Date (Mo/Dy/Yr)

PEEL



SPECIMEN ID NO.

A



**57329697**  
SPECIMEN BOTTLE SEAL

Date (Mo./Day/Yr.)

Donor's Initials

PEEL



SPECIMEN ID NO.

B (SPLIT)



**57329697**  
SPECIMEN BOTTLE SEAL

Date (Mo./Day/Yr.)

Donor's Initials

OMB NO. 0930-0158