

Alere

Alere Toxicology Services, Inc.
1111 Newton St., Gretna, LA 70053
(504) 361-8989 (800) 433-3823

AIRBILL NUMBER



SPECIMEN ID NUMBER 33568773

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and / or ID

DEPARTMENT NAME
STREET ADDRESS
CITY, STATE, ZIP CODE
PHONE # FAX#

Facility Number 987654

B. MRO Name and Address

VON STIEFF, FRED MC
2477 PACHECO STREET
CONCORD, CA 94520
(925) 674-8080 (925) 671-8133

C. Name / I.D.:

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

D. Donor SSN or Employee ID No:

Donor SSN or Employee ID No

E. Test Code:

Check here if special test required and indicate drug

Check here if ETHANOL required

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

STEP 2: TO BE COMPLETED BY COLLECTOR - Specimen temperature must be read within 4 minutes of collection.

Specimen temperature within range: Yes, 90 - 100F/32 - 38C No, Below 90F Above 100F

Split Specimen Collection Yes No Observed

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).

STEP 4: CHAIN OF CUSTODY

COLLECTION FACILITY

Collector Number

BUSINESS PHONE NUMBER

ADDRESS

CITY

STATE

ZIP CODE

REMARKS:

I certify that the specimen identified on this form is the specimen presented to me by the donor, that it bears the same specimen identification number as that set forth above, that it has been collected, labeled and sealed and released to the Delivery Service noted in accordance with applicable requirements.

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

Time of Collection AM PM

SPECIMEN BOTTLE(S) RELEASED TO:

COURIER

Name of Delivery Service Transferring Specimen to Lab

STEP 5: TO BE COMPLETED BY DONOR

Daytime Phone No.

Evening Phone No.

Date of Birth (Mo/Day/Yr.)

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

PRINT Donor's Name

Signature of Donor

Date (Mo/Day/Yr.)

TO BE COMPLETED BY LAB

RECEIVED AT LAB:

X Signature of Accessioner

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

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact

Yes No, Enter Remark Below

SPECIMEN BOTTLE(S) RELEASED TO:

TEMPORARY STORAGE

SCREEN

CONFIRMATION

DRUG
DRUG
THC

LAB NUMBER

Comments:

Certified by: