

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO. 0000001

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

ACCESSION NO.

A. Employer Name, Address, I.D. No. \_\_\_\_\_ B. MRO Name, Address, Phone No. and Fax No. \_\_\_\_\_

C. Donor SSN or Employee I.D. No. \_\_\_\_\_

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: \_\_\_\_\_

Collector Phone No. \_\_\_\_\_

Collector Fax No. \_\_\_\_\_

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.

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.

**X** \_\_\_\_\_ Signature of Collector AM \_\_\_\_\_  
 \_\_\_\_\_ PM \_\_\_\_\_  
 (PRINT) Collector's Name (First, MI, Last) / Date (Mo/Day/Yr) Time of Collection

SPECIMEN BOTTLE(S) RELEASED TO: \_\_\_\_\_  
 Name of Delivery Service

RECEIVED AT LAB OR IITF: **X** \_\_\_\_\_ Signature of Accessioner  
 (PRINT) Accessioner's Name (First, MI, Last) / Date (Mo/Day/Yr)

Primary Specimen Bottle Seal Intact  YES  NO  
 If NO, Enter remark in Step 5A.

SPECIMEN BOTTLE(S) RELEASED TO: \_\_\_\_\_

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

NEGATIVE  DILUTE  POSITIVE for:  Marijuana Metabolite (Δ9-THCA)  6-Acetylmorphine  Methamphetamine  MDMA  
 Cocaine Metabolite (BZE)  Morphinine  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.

**X** \_\_\_\_\_ Signature of Certifying Technician/Scientist (PRINT) Certifying Technician/Scientist's Name (First, MI, Last) / Date (Mo/Day/Yr)

STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY

Laboratory Name \_\_\_\_\_  
 Laboratory Address \_\_\_\_\_

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.

**X** \_\_\_\_\_ Signature of Certifying Scientist (PRINT) Certifying Scientist's Name (First, MI, Last) / Date (Mo/Day/Yr)



0000001  
 SPECIMEN ID NO.

A



0000001  
 SPECIMEN BOTTLE SEAL

\_\_\_\_\_  
 Date (Mo/Day/Yr)  
 \_\_\_\_\_  
 Donor's Initials



0000001  
 SPECIMEN ID NO.

B  
 (SPLIT)



0000001  
 SPECIMEN BOTTLE SEAL

\_\_\_\_\_  
 Date (Mo/Day/Yr)  
 \_\_\_\_\_  
 Donor's Initials