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SPECIMEN ID NO.

LAB ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone 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 Name:

Collection Site Code:

Address:

City, State and Zip:

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

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

Date (Mo./Day/Yr.)

Time of Collection

AM
PM

SPECIMEN BOTTLE(S) RELEASED TO:

☐ Quest Diagnostics Courier
☐ FedEx
☐ Other

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 remarks 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)

☐ Cocaine Metabolite (BZE)

☐ PCP

☐ 6-Acetylmorphine

☐ Morphine

☐ Codeine

☐ Methamphetamine

☐ Amphetamine

☐ MDMA

☐ MDA

☐ MDEA

☐ **REJECTED FOR TESTING**

☐ **ADULTERATED**

☐ **SUBSTITUTED**

☐ **INVALID RESULT**

X

Signature of Certifying Scientist

(Print) Certifying 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.)

Date (Mo./Day/Yr.)

Donor's Initial's

CENTER OVER CAP

A

SPECIMEN ID NUMBER

Date (Mo./Day/Yr.)

Donor's Initial's

CENTER OVER CAP

B

SPECIMEN ID NUMBER

OMB No. 0930-0158



PRESS HARD - YOU ARE MAKING MULTIPLE COPIES