

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:

Collector Phone No.:

City, State and Zip:

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)

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.

Signature of Collector, Date, Time of Collection

SPECIMEN BOTTLE(S) RELEASED TO:

Quest Diagnostics Courier, FedEx, Other

Name of Delivery Service

RECEIVED AT LAB OR IITF:

Signature of Accessioner, Date, Time of Collection

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, POSITIVE for: Marijuana Metabolite (Δ9-THCA), Cocaine Metabolite (BZE), PCP, 6-Acetylmorphine, Morphine, Codeine, INVALID RESULT, Methamphetamine, Amphetamine, MDMA, MDA, MDEA

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 Scientist, Date

STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY

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. Signature of Certifying Scientist, Date

Labels for specimen caps with fields for Date (Mo. Day Yr.), Donor's Initial's, CENTER OVER CAP (A, B), and SPECIMEN ID NUMBER.

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