5154286203

KROLL FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

1111 Newton Street, Gretna, LA 70053 504-361-8989 1-800-433-3823

54080451

AIRBILL NUMBER

LAB ACCESSION NUMBER

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE SPECIMEN ID NUMBER 54080451

OMB NO. 0930-0158

A. Employer Name, Address, ID No.

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

Facility Number 123456

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

VON STIEFF, FRED MD
2477 PACHECO STREET
CONCORD, CA 94520
(925) 674-8080 (295) 671-8133

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

D. Reason for Test: ☐ Pre-Employment ☐ Random ☐ Reasonable Suspicion / Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Other (specify)

E. Drug Tests to be Performed: ☐ THC, COC, PCP, OPI, AMP ☐ THC, COC Only ☐ Other (specify): _____

F. Collection Site Address:

Collector Number

STEP 2: TO BE COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100°F? ☐ Yes ☐ No, Enter Remark

Specimen 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 LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, marked, 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)

Time of Collection _____ AM PM

Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

Name of Delivery Service Transferring Specimen to 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:

STEP 5a: PRIMARY SPECIMEN TEST RESULTS - COMPLETED BY PRIMARY LABORATORY

☐ NEGATIVE ☐ POSITIVE for ☐ MARIJUANA METABOLITE ☐ CODEINE ☐ AMPHETAMINE ☐ ADULTERATED

☐ DILUTE ☐ COCAINE METABOLITE ☐ MORPHINE ☐ METHAMPHETAMINE ☐ SUBSTITUTED

☐ REJECTED FOR TESTING ☐ PCP ☐ 6-ACETYLMORPHINE ☐ INVALID RESULT

REMARKS: _____

TEST LAB (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 Scientist _____ (PRINT) Certifying Scientist's Name (First, MI, Last) _____ Date (Mo./Day/Yr.)

STEP 5b: SPLIT SPECIMEN TEST RESULTS - (IF TESTED) COMPLETED BY SECONDARY 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.)

PEEL

SPECIMEN ID NO.

A

CENTER OF EXCELLENCE

54080451 SPECIMEN BOTTLE SEAL

Date (Mo./Day/Yr.)

Donor's Initials

PEEL

SPECIMEN ID NO.

B (SPLIT)

CENTER OF EXCELLENCE

54080451 SPECIMEN BOTTLE SEAL

Date (Mo./Day/Yr.)

Donor's Initials

SAMPLE COPY

COPY 1 - LABORATORY