

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

k 45a SPECIMEN ID NO.



2048689044



CLINICAL REFERENCE LABORATORY
8433 QUIVIRA • LENEXA, KANSAS 66215

DISA GLOBAL SOLUTIONS

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

25430855-01 ACCESSION NO.

A. Employer Name, Address, I.D. No. PH: 269-250-9293
 ACCT: DGS. DDOT. 3688. 13312
 K/RESA
 1819 E MILHAM AVE
 PORTAGE, MI 49002-3035
 FX: 269-250-9291

B. MRO Name, Address, Phone No. and Fax No. MRO0237
 TERRI HELLINGS, MD
 2837 SOUTHAMPTON RD
 PHILADELPHIA, PA 19154
 PH: 215-637-6800 FX: 215-637-6998

C. Donor SSN or Employee I.D. No. 9 digit donor number - Before going to lab.

D. Specify Testing Authority: HHS NRC 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. _____

MARK TEST TYPE FOR "E"

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.

SPECIMEN BOTTLE(S) RELEASED TO:

X _____
 Signature of Collector AM
 PM
 (PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collection 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 POSITIVE for: Marijuana Metabolite (Δ9-THCA) Methamphetamine MDMA 6-Acetylmorphine OXYC HYC
 DILUTE Cocaine Metabolite (BZE) Amphetamine MDA Morphine OXYM HYM
 PCP Codeine

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)

2048689044
SPECIMEN ID NO.

2048689044
SPECIMEN ID NO. (SPLIT)

PLACE OVER CAP

2048689044
SPECIMEN BOTTLE SEAL

2048689044
SPECIMEN BOTTLE SEAL

Date (Mo. Day Yr.)

Donor's Initials

Date (Mo. Day Yr.)

Donor's Initials

Peel on an upward angle across form.

Do not peel directly across form.