

INSTRUCTIONS ON REVERSE SIDE



11604 E. INDIANA
 P.O. Box 2687 • Spokane, WA 99220
 (509) 926-2400 • (1-800) 541-7891
 FAX (509) 922-5281

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

<p>A. Employer Name, Address, I.D. No.</p>	<p>B. MRO Name, Address, Phone and Fax No.</p>
<p>C. Donor Name <input type="text"/></p> <p>Donor SSN <input type="text"/></p>	
<p>D. Reason for Test: <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____</p>	
<p>E. Drug Tests to be Performed: <input type="checkbox"/> DFW50 <input type="checkbox"/> DFW50+ <input type="checkbox"/> Blood Alcohol <input type="checkbox"/> DFW <input type="checkbox"/> DFW+ <input type="checkbox"/> EDS50 <input type="checkbox"/> EDS50+ <input type="checkbox"/> Confirmation _____ (Test Descriptions on Reverse Side) <input type="checkbox"/> EDS <input type="checkbox"/> EDS+ <input type="checkbox"/> Other (specify) _____</p>	
<p>F. Collection Site Address: <input type="text"/></p> <p style="text-align: right;">Collection Site Phone No. (<input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: right;">Collection Site Fax No. (<input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	

STEP 2: COMPLETED BY COLLECTOR

<p>Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark</p>	<p>Specimen Collection: <input type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided (Enter Remark)</p>	<p><input type="checkbox"/> ID Verified <input type="checkbox"/> Observed (Enter Remark)</p>
<p>REMARKS <input style="width:100%;" type="text"/></p>		

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified above was collected, labeled, sealed and released to the Delivery Service noted below.

<p><input checked="" type="checkbox"/> <input style="width:100%;" type="text"/></p> <p style="text-align: center;">Signature of Collector</p> <p><input style="width:100%;" type="text"/></p> <p style="text-align: center;">(PRINT) Collector's Name (First, MI, Last)</p>	<p><input type="text"/> : <input type="text"/> AM/PM</p> <p style="text-align: center;">Time of Collection</p> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p> <p style="text-align: center;">Date (Mo./Day/Yr.)</p>	<p>SPECIMEN BOTTLE(S) RELEASED TO:</p> <p><input style="width:100%;" type="text"/></p> <p style="text-align: center;">Name of Delivery Service Transferring Specimen to Lab</p>
<p>RECEIVED AT LAB:</p> <p><input checked="" type="checkbox"/> <input style="width:100%;" type="text"/></p> <p style="text-align: center;">Signature of Accessioner</p> <p><input style="width:100%;" type="text"/></p> <p style="text-align: center;">(PRINT) Accessioner's Name (First, MI, Last)</p> <p><input style="width:100%;" type="text"/></p> <p style="text-align: center;">Date (Mo./Day/Yr.)</p>	<p>Primary Specimen Bottle Seal Intact</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark</p>	<p>SPECIMEN BOTTLE(S) RELEASED TO:</p>

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

<p><input checked="" type="checkbox"/> <input style="width:100%;" type="text"/></p> <p style="text-align: center;">Signature of Donor</p> <p>(<input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">Daytime Phone No.</p>	<p><input style="width:100%;" type="text"/></p> <p style="text-align: center;">(PRINT) Donor's Name (First, MI, Last)</p> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p> <p style="text-align: center;">Date of Birth (Mo./Day/Yr.)</p>	<p><input type="text"/> / <input type="text"/> / <input type="text"/></p> <p style="text-align: center;">Date (Mo./Day/Yr.)</p> <p><input style="width:100%;" type="text"/></p> <p style="text-align: center;">Donor's Initials</p> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p> <p style="text-align: center;">Date (Mo./Day/Yr.)</p> <p><input style="width:100%;" type="text"/></p> <p style="text-align: center;">Donor's Initials</p>
--	--	---

A
 SPECIMEN ID NO.



SPECIMEN BOTTLE SEAL

Date (Mo./Day/Yr.)

Donor's Initials

B
 SPECIMEN ID NO.



SPECIMEN BOTTLE SEAL

Date (Mo./Day/Yr.)

Donor's Initials

BOX SEAL

INSTRUCTIONS ON REVERSE SIDE



11604 E. INDIANA
 P.O. Box 2687 • Spokane, WA 99220
 (509) 926-2400 • (1-800) 541-7891
 FAX (509) 922-5281

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

<p>A. Employer Name, Address, I.D. No.</p>	<p>B. MRO Name, Address, Phone and Fax No.</p>
<p>C. Donor Name <input style="width:100%; height: 20px;" type="text"/></p> <p>Donor SSN <input style="width:100%; height: 20px;" type="text"/></p>	
<p>D. Reason for Test: <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____</p>	
<p>E. Drug Tests to be Performed: <input type="checkbox"/> DFW50 <input type="checkbox"/> DFW50+ <input type="checkbox"/> Blood Alcohol <input type="checkbox"/> DFW <input type="checkbox"/> DFW+ <input type="checkbox"/> EDS50 <input type="checkbox"/> EDS50+ <input type="checkbox"/> Confirmation _____ (Test Descriptions on Reverse Side) <input type="checkbox"/> EDS <input type="checkbox"/> EDS+ <input type="checkbox"/> Other (specify) _____</p>	
<p>F. Collection Site Address:</p> <p style="text-align: right;">Collection Site Phone No. (<input style="width: 40px;" type="text"/>) <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/></p> <p style="text-align: right;">Collection Site Fax No. (<input style="width: 40px;" type="text"/>) <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/></p>	

STEP 2: COMPLETED BY COLLECTOR

<p>Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark</p>	<p>Specimen Collection: <input type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided (Enter Remark)</p>	<p><input type="checkbox"/> ID Verified <input type="checkbox"/> Observed (Enter Remark)</p>
<p>REMARKS</p>		

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified above was collected, labeled, sealed and released to the Delivery Service noted below.

<p>X _____ Signature of Collector</p> <p>_____ (PRINT) Collector s Name (First, MI, Last)</p>	<p><input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> AM/PM Time of Collection</p> <p><input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> Date (Mo./Day/Yr.)</p>	<p>SPECIMEN BOTTLE(S) RELEASED TO:</p> <p>_____</p> <p style="text-align: center;">Name of Delivery Service Transferring Specimen to Lab</p>
<p>RECEIVED AT LAB:</p> <p>X _____ Signature of Accessioner</p> <p>_____ (PRINT) Accessioner s Name (First, MI, Last)</p> <p>_____ Date (Mo./Day/Yr.)</p>	<p>Primary Specimen Bottle Seal Intact</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark</p>	<p>SPECIMEN BOTTLE(S) RELEASED TO:</p>

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

<p>X _____ Signature of Donor</p> <p>(<input style="width: 40px;" type="text"/>) <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> Daytime Phone No.</p>	<p>_____ (PRINT) Donor s Name (First, MI, Last)</p> <p>_____ Date of Birth (Mo./Day/Yr.)</p>	<p>_____ / _____ / _____ Date (Mo./Day/Yr.)</p>
---	---	--

INSTRUCTIONS ON REVERSE SIDE



11604 E. INDIANA
 P.O. Box 2687 • Spokane, WA 99220
 (509) 926-2400 • (1-800) 541-7891
 FAX (509) 922-5281

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

<p>A. Employer Name, Address, I.D. No.</p>	<p>B. MRO Name, Address, Phone and Fax No.</p>
<p>C. Donor Name <input type="text"/></p> <p>Donor SSN <input type="text"/></p>	
<p>D. Reason for Test: <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____</p>	
<p>E. Drug Tests to be Performed: <input type="checkbox"/> DFW50 <input type="checkbox"/> DFW50+ <input type="checkbox"/> Blood Alcohol <input type="checkbox"/> DFW <input type="checkbox"/> DFW+ <input type="checkbox"/> EDS50 <input type="checkbox"/> EDS50+ <input type="checkbox"/> Confirmation _____ (Test Descriptions on Reverse Side) <input type="checkbox"/> EDS <input type="checkbox"/> EDS+ <input type="checkbox"/> Other (specify) _____</p>	
<p>F. Collection Site Address:</p> <p style="text-align: right;">Collection Site Phone No. (<input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: right;">Collection Site Fax No. (<input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	

STEP 2: COMPLETED BY COLLECTOR

<p>Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark</p>	<p>Specimen Collection: <input type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided (Enter Remark)</p>	<p><input type="checkbox"/> ID Verified <input type="checkbox"/> Observed (Enter Remark)</p>
<p>REMARKS</p>		

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified above was collected, labeled, sealed and released to the Delivery Service noted below.

<p>X _____ Signature of Collector</p> <p>_____ (PRINT) Collector's Name (First, MI, Last)</p>	<p><input type="text"/> : <input type="text"/> AM Time of Collection</p> <p><input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> Date (Mo./Day/Yr.)</p>	<p>SPECIMEN BOTTLE(S) RELEASED TO:</p> <p>_____</p> <p style="text-align: center;">Name of Delivery Service Transferring Specimen to Lab</p>
<p>RECEIVED AT LAB:</p> <p>X _____ Signature of Accessioner</p> <p>_____ (PRINT) Accessioner's Name (First, MI, Last)</p> <p>_____ Date (Mo./Day/Yr.)</p>	<p>Primary Specimen Bottle Seal Intact</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark</p>	<p>SPECIMEN BOTTLE(S) RELEASED TO:</p>

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

<p>X _____ Signature of Donor</p> <p>(<input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Daytime Phone No.</p>	<p>_____ (PRINT) Donor's Name (First, MI, Last)</p> <p>_____ Date of Birth (Mo./Day/Yr.)</p>	<p>_____ / _____ / _____ Date (Mo./Day/Yr.)</p>
--	---	--

INSTRUCTIONS ON REVERSE SIDE



11604 E. INDIANA
 P.O. Box 2687 • Spokane, WA 99220
 (509) 926-2400 • (1-800) 541-7891
 FAX (509) 922-5281

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 Name <input style="width:100%; height: 20px;" type="text"/>	
Donor SSN <input style="width:100%; height: 20px;" type="text"/>	
D. Reason for Test: <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____	
E. Drug Tests to be Performed: <input type="checkbox"/> DFW50 <input type="checkbox"/> DFW50+ <input type="checkbox"/> Blood Alcohol <input type="checkbox"/> DFW <input type="checkbox"/> DFW+ <input type="checkbox"/> EDS50 <input type="checkbox"/> EDS50+ <input type="checkbox"/> Confirmation _____ (Test Descriptions on Reverse Side) <input type="checkbox"/> EDS <input type="checkbox"/> EDS+ <input type="checkbox"/> Other (specify) _____	
F. Collection Site Address:	
Collection Site Phone No. (<input style="width: 40px;" type="text"/>) <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	
Collection Site Fax No. (<input style="width: 40px;" type="text"/>) <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark	Specimen Collection: <input type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided (Enter Remark)	<input type="checkbox"/> ID Verified <input type="checkbox"/> 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.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified above was collected, labeled, sealed and released to the Delivery Service noted below.

X _____ Signature of Collector	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> AM Time of Collection	SPECIMEN BOTTLE(S) RELEASED TO: _____ Name of Delivery Service Transferring Specimen to Lab
_____ (PRINT) Collector s Name (First, MI, Last)	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	Date (Mo./Day/Yr.)

RECEIVED AT LAB: X _____ Signature of Accessioner	Primary Specimen Bottle Seal Intact <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark	SPECIMEN BOTTLE(S) RELEASED TO: _____
_____ (PRINT) Accessioner s Name (First, MI, Last)	_____ Date (Mo./Day/Yr.)	

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

X _____ Signature of Donor	_____ (PRINT) Donor s Name (First, MI, Last)	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> Date (Mo./Day/Yr.)
(<input style="width: 40px;" type="text"/>) <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> Daytime Phone No.	_____ Date of Birth	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> (Mo./Day/Yr.)

INSTRUCTIONS FOR COMPLETING THE FRONT OF THIS FORM

LEGAL TOXICOLOGY REQUEST

Note: Complete all areas that are not preprinted. The highlighted areas are required to process the specimen.

Step 1: Completed by Collector or Employer Representative

A. Employer Name, Address, I.D. No. When not preprinted, provide the name, address, phone number and contact person of the company requesting the testing services.

B. MRO: If applicable, provide the name, address, and phone number of the Medical Review Officer (MRO).

C. Donor Name: Provide the donor's name in the space provided, unless the employer has requested that the donor's name not be used. If not used and the donor refuses to provide their social security number, use some other ID like driver's license or employee ID number.

Donor SSN: Fill in the donor's social security number. It is not required that the donor provide the number; so if they refuse, use some other ID number.

D. Reason for Test: Mark the box which indicates the reason the donor has presented for testing.

E. Drug Tests to be Performed: Mark the box which indicates the tests to be performed by the laboratory, if not preprinted.

F. Collection site Address: Complete the name and address of the collection site, if not preprinted.
Collection site Phone No.: Complete the phone number of the collection site, if not preprinted.
Collection site Fax No.: Complete the fax number of the collection site, if not preprinted.

Step 2: Completed by Collector

Specimen Collection: Mark the appropriate box whether Split, Single or None Provided.
 Enter a remark in the REMARKS space for the reason if none was provided.

Mark the box when donor ID is verified by reviewing driver's license or other picture ID.
 Mark the Observed box if an observed collection is being performed.

REMARKS: Use this remarks area to document any issues or irregularities about the collection.

Step 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

See Sample Collection Procedure provided on this document.

Step 4: Chain of Custody — Initiated by Collector and Completed by Laboratory.

Complete the Collectors area by Printing and Signing your name along with filling in the boxes with the time and date of collection. Make sure to circle AM or PM.

Document the Delivery Service provider that is transporting the specimen to the laboratory by writing in the Specimen Bottle(s) Released To section. This could be Courier, Federal Express, Airborne, or other means.

DO NOT FILL OUT ANY INFORMATION IN THE RECEIVED AT LAB SECTION.

Step 5: Completed by Donor The donor should print and sign their name on the appropriate lines. Mark in today's date in the boxes as indicated along with writing in the donor's daytime phone number and Date of Birth. If the donor chooses to document medications they are taking, do so in the REMARKS section. **Note:** Should the donor refuse to complete any or all of this section, complete the collection process and send the specimen to the lab. Write refused on the donor's signature line if they chose to refuse.

Distribute copies of the requisition as indicated by the marginal at the bottom of each copy. If an MRO is not used, maintain copy at collection site or shred.

Place the laboratory copy of this form in the transport container with the sample.

Seal transport container with tamper-resistant seal labeled BOX SEAL provided.

SAMPLE COLLECTION PROCEDURE FOR FORENSIC URINE DRUG SCREENS

< This procedure follows the guidelines issued for any forensic drug collection and is based on Federal Government regulations.

< This procedure is for unobserved collections.

1. Please ask the donor to present photo identification. Check the photo identification to ensure its accuracy. If no photo identification is available, the employer's representative must identify the donor.

2. Ask the donor to remove garments such as hats, coats, or jackets that might conceal items or substances that could be used to tamper with or adulterate the individual's urine specimen. Ensure that all personal belongings such as purses or briefcases remain with the outer garments in a secure area. The individual may retain his or her wallet.

3. Instruct the donor to wash and dry hands in your view.

4. Open the prepackaged collection kit in the presence of the donor.

5. Remove the larger urine collection cup from the kit and hand it to the donor.

6. In the privacy of the restroom have the donor collect at least 30 ml of urine specimen for a single collection, or 45 ml for a split specimen collection.

7. Immediately upon exiting the restroom have the donor hand the container to the collector.

8. If the donor is unable to collect 30 ml for a single collection or 45 ml for a split collection, discard the original specimen and have the donor try again after reasonable fluid consumption. Use the original cup.

9. Read and record the temperature indicated by the temperature tape at the bottom of the collection cup within 4 minutes of the collection.

10. While the donor is still in your presence pour at least 30 ml into one bottle, and if split specimen is being collected, at least 15 ml into the second bottle.

11. FOR SINGLE SPECIMEN COLLECTION ONLY

Secure cap on specimen bottle (containing at least 30 ml of urine) and affix specimen bottle seal labeled A over the cap and down the sides of the specimen bottle.

FOR SPLIT SPECIMEN COLLECTIONS ONLY

Secure Caps on both specimen bottles and affix specimen bottle seal labeled A over the cap and down the sides of the primary specimen (bottle containing at least 30 ml of urine).

Affix specimen bottle seal labeled B on the split specimen (bottle containing at least 15 ml of urine) in the same manner.

12. Place the sealed container into the pouch of the enclosed plastic bag containing the desiccant. Place the Chain of Custody into the other pouch and close the bag securely. Place the bag with the sealed container and chain of custody into the transport box if provided.

13. Seal transport container with BOX SEAL provided on front of this form.

14. The donor can now wash their hands and is free to leave the collection site.

Amphetamines	EDSS0 EDS SAPI0(S0) SAPI0	EDS50+ EDS+ SAPA10(50) SAPA10	DFW50 DFW SAP5(S0) SAP5	DFW50+ DFW+ SAPA(S0) SAPA5	SAP7 SAP7(S0)	SAPA7 SAPA7(S0)
Cannabinoids	X	X	X	X	X	X
Cocaine Metabolite	X	X	X	X	X	X
Opiates	X	X	X	X	X	X
Phencyclidine	X	X	X	X	X	X
Alcohol	X	X	X	X	X	X
Barbiturates	X	X	X	X	X	X
Benzodiazepines	X	X	X	X	X	X
Methadone	X	X	X	X	X	X
Methqualone	X	X	X	X	X	X
Propoxyphene	X	X	X	X	X	X