

Toll Free 1 (877) 778-9590

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

INSTRUCTIONS ON REVERSE SIDE

A. Employer Name, Address, I.D. No. _____ B. MRO Name, Address, Phone and Fax No. _____

C. Donor Name Or Other ID _____
Last - First

Donor SSN _____

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

E. Drug Tests to be Performed: DFW50 EDS50 Blood Alcohol
 DFW50N EDS50A
 DFW50G EDS50F Confirmation _____ (Test Descriptions on Reverse Side)
 DFW50A EDS50G
 DFW50F Other (specify) _____

F. Collection Site Name and Address: _____
Collection Site Phone No. (____) _____
Collection Site Fax No. (____) _____

STEP 2: COMPLETED BY COLLECTOR

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

Specimen Collection: Split Single Urine Oral Fluids Hair ID Verified Observed (Enter Remark) _____

REMARKS _____

STEP 3: Collector affixes specimen(s) seal(s) to specimen(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.

_____ Signature of Collector
(PRINT) Collector's Name (First, MI, Last)

Time of Collection _____ AM/PM
Date (Mo./Day/Yr.) _____

SPECIMEN RELEASED TO:
Name of Delivery Service Transferring Specimen to Lab _____

RECEIVED AT LAB:
 _____ Signature of Accessioner
(PRINT) Accessioner's Name (First, MI, Last) Date (Mo./Day/Yr.) _____

Primary Specimen Seal Intact
 Yes No, Enter Remark _____

SPECIMEN RELEASED TO: _____

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner; collection device 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 collection device is correct.

_____ Signature of Donor
(PRINT) Donor's Name (First, MI, Last) Date (Mo./Day/Yr.) _____

Daytime Phone No. (____) _____ Date of Birth _____ (Mo./Day/Yr.)

Two identical seal assembly diagrams are shown. Each consists of a rectangular box on the left containing 'Date' and 'Donor's Initials' lines, a central hinge mechanism labeled 'HINGE', 'PLACE OVER CAP', and 'LATCH', and a circular area labeled 'A' or 'B' on the right. Below the diagrams are two circular markers labeled 'A' and 'B', each with a line for 'Date' and 'Donor's Initials'.



B-1A

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INSTRUCTIONS ON REVERSE SIDE

<p>A. Employer Name, Address, I.D. No.</p>	<p>B. MRO Name, Address, Phone and Fax No.</p>
<p>C. Donor Name Or Other ID <input type="text"/></p> <p style="margin-left: 20px;">Last - First</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 (specify type) _____</p> <p> <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up (specify) _____ <input type="checkbox"/> Other (specify) _____</p>	
<p>E. Drug Tests to be Performed:</p> <p><input type="checkbox"/> DFW50 <input type="checkbox"/> EDS50 <input type="checkbox"/> Blood Alcohol</p> <p><input type="checkbox"/> DFW50N <input type="checkbox"/> EDS50A</p> <p><input type="checkbox"/> DFW50G <input type="checkbox"/> EDS50F <input type="checkbox"/> Confirmation _____ (Test Descriptions on Reverse Side)</p> <p><input type="checkbox"/> DFW50A <input type="checkbox"/> EDS50G</p> <p><input type="checkbox"/> DFW50F <input type="checkbox"/> Other (specify) _____</p>	
<p>F. Collection Site Name and Address:</p> <p style="text-align: right;">Collection Site Phone No. (<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"/></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:</p> <p><input type="checkbox"/> Split <input type="checkbox"/> Single</p>	<p><input type="checkbox"/> Urine <input type="checkbox"/> Oral Fluids <input type="checkbox"/> Hair</p>	<p><input type="checkbox"/> ID Verified</p> <p><input type="checkbox"/> Observed (Enter Remark)</p>
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REMARKS

STEP 3: Collector affixes specimen(s) seal(s) to specimen(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"/> Date (Mo./Day/Yr.)</p>	<p>SPECIMEN RELEASED TO:</p> <p>_____ 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>Primary Specimen Seal Intact</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, Enter Remark</p>	<p>SPECIMEN RELEASED TO:</p>

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner; collection device 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 collection device is correct.

<p>X _____ Signature of Donor</p> <p>(<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 <input type="text"/> / <input type="text"/> / <input type="text"/> (Mo./Day/Yr.)</p>	<p><input type="text"/> / <input type="text"/> / <input type="text"/> Date (Mo./Day/Yr.)</p>
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STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

NEGATIVE POSITIVE TEST CANCELLED REFUSAL TO TEST BECAUSE

DILUTE ADULTERATED SUBSTITUTED

REMARKS _____

X _____
Signature of Medical Review Officer

_____ (PRINT) Medical Review Officer's Name (First, MI, Last)

____/____/____ Date (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 drivers 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; Phone No.; Collection site Fax No.: Complete the name and address of the collection site, if not preprinted. Complete the phone number of the collection site, if not preprinted. Complete the fax number of the collection site, if not preprinted.

Step 2: Completed by Collector

Specimen Mark the appropriate box whether Split or Single and mark the specimen type Urine, Oral Fluid, or Hair.

Collection: Enter a remark in the REMARKS space for the reason if none was provided. Mark the box when donor ID is verified by reviewing drivers 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 sign and print 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 purse or briefcase 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 indicator 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 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.

Test	Order Code	Container	Capsule	Oral Swab	Urine	DM	Medications	Reference	Nonreference	Medicine	Prescription	Medication	Urine	Oral Swab	Urine
None-Federal Five	DFW50														
5 W/Alcohol	DFW50A														
5 W/ALTOPS	DFW50B														
5 W/ALTAMP	DFW50C														
5W/ALC/ALTOPS	DFW50D														
5W/ALC/ALTAMP	DFW50E														
5W/AC/AOP/AAAMP	DFW50F														
5W/ALTAMP/ALTAMP	DFW50G														
Ten Panel	EDS50														
10 W/Alcohol	EDS50A														
10 W/ALTOPS	EDS50B														
10 W/ALTAMP	EDS50C														
10W/ALC/ALTOPS	EDS50D														
10W/ALC/ALTAMP	EDS50E														
10W/AC/AOP/AAAMP	EDS50F														
10W/ALTAMP	EDS50G														

Alternate Opiates Hydrocodone, Oxycodone, Hydromorphone
Alternate Amphetamines MDMA (Ecstasy), MDA

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<p>C. Donor Name Or Other ID <input style="width:100%; height: 20px;" type="text"/></p> <p style="text-align: center; font-size: small;">Last - First</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 (specify type) _____</p> <p> <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up (specify) _____ <input type="checkbox"/> Other (specify) _____</p>	
<p>E. Drug Tests to be Performed: <input type="checkbox"/> DFW50 <input type="checkbox"/> EDS50 <input type="checkbox"/> Blood Alcohol</p> <p> <input type="checkbox"/> DFW50N <input type="checkbox"/> EDS50A</p> <p> <input type="checkbox"/> DFW50G <input type="checkbox"/> EDS50F <input type="checkbox"/> Confirmation _____ (Test Descriptions on Reverse Side)</p> <p> <input type="checkbox"/> DFW50A <input type="checkbox"/> EDS50G</p> <p> <input type="checkbox"/> DFW50F <input type="checkbox"/> Other (specify) _____</p>	
<p>F. Collection Site Name and Address:</p> <p style="text-align: right;">Collection Site Phone No. (<input style="width: 30px;" type="text"/>) <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p style="text-align: right;">Collection Site Fax No. (<input style="width: 30px;" type="text"/>) <input style="width: 30px;" type="text"/> <input style="width: 30px;" 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</p>	<p><input type="checkbox"/> Urine <input type="checkbox"/> Oral Fluids <input type="checkbox"/> Hair</p>	<p><input type="checkbox"/> ID Verified</p> <p><input type="checkbox"/> Observed (Enter Remark)</p>
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REMARKS

STEP 3: Collector affixes specimen(s) seal(s) to specimen(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

<p><i>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.</i></p>	
<p>X _____ Signature of Collector</p> <p style="text-align: center;">Time of Collection <input style="width: 30px;" type="text"/> : <input style="width: 30px;" type="text"/> AM/PM</p> <p>_____ (PRINT) Collector's Name (First, MI, Last)</p> <p style="text-align: center;">Date (Mo./Day/Yr.) <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/></p>	<p>SPECIMEN RELEASED TO:</p> <p>_____ 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 style="text-align: right;">Date (Mo./Day/Yr.) <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/></p>	<p>Primary Specimen Seal Intact</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, Enter Remark _____</p>

STEP 5: COMPLETED BY DONOR

<p><i>I certify that I provided my specimen to the collector, that I have not adulterated it in any manner; collection device 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 collection device is correct.</i></p>	
<p>X _____ Signature of Donor</p> <p style="text-align: center;">Date of Birth <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/></p> <p>(<input style="width: 30px;" type="text"/>) <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Daytime Phone No.</p>	<p>_____ (PRINT) Donor's Name (First, MI, Last)</p> <p style="text-align: right;">Date (Mo./Day/Yr.) <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/></p>

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INSTRUCTIONS ON REVERSE SIDE

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C. Donor Name Or Other ID _____
Last - First

Donor SSN _____

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

E. Drug Tests to be Performed: DFW50 EDS50 Blood Alcohol
 DFW50N EDS50A
 DFW50G EDS50F Confirmation _____ (Test Descriptions on Reverse Side)
 DFW50A EDS50G
 DFW50F Other (specify) _____

F. Collection Site Name and Address: _____
Collection Site Phone No. (____) _____
Collection Site Fax No. (____) _____

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"/> Urine <input type="checkbox"/> Oral Fluids <input type="checkbox"/> Hair	<input type="checkbox"/> ID Verified <input type="checkbox"/> Observed (Enter Remark) _____
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REMARKS

STEP 3: Collector affixes specimen(s) seal(s) to specimen(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>_____:____:____ AM Time of Collection</p> <p>____/____/____ Date (Mo./Day/Yr.)</p>	<p>SPECIMEN RELEASED TO:</p> <p>_____ 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 Seal Intact</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark _____</p>

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner; collection device 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 collection device is correct.

X _____
Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

____/____/____
Date (Mo./Day/Yr.)

(____) _____
Daytime Phone No.

____/____/____
Date of Birth (Mo./Day/Yr.)