

# FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM

Quest acct# 10916925

SPECIMEN ID NO.

LAB ACCESSION NO.

## STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.

STANDARD UTILITY  
CONSTRUCTION NON COURTNEY  
2630 WEST FWY STE 200  
FORT WORTH TX 76102  
PH: 817-585-4926 FAX: 888-678-7714

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

STEVEN PASCHALL MD  
NATIONWIDE MEDICAL REVIEW  
7160 GRAHAM RD  
INDIANAPOLIS IN 46250  
PH: 317-547-8620 FAX: 317-983-7212

FORM ID: SAPH500020

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

D. Donor Name: Last:

First:

E. Donor ID Verified:

☐ Photo ID

☐ Emp. Rep.

F. Reason for Test:

☐ Pre-employment (1)

☐ Random (3)

☐ Reasonable Suspicion/Cause (5)

☐ Post-Accident (2)

☐ Promotion (22)

☐ Return to Duty (6)

☐ Follow-up (23)

☐ Other (specify) (99)

G. Drug Tests to be Performed:

( ) 21479N SAP 9-50/2000 W/NIT

H. Collection Site Name:

Collection Site Code:

Address:

City, State and Zip:

Collector Phone No.:

Collector 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

☐ 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.

## 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, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X

Signature of Collector

Time of Collection

AM  
PM

(Print) Collector's Name (First, MI, Last)

Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

☐ Quest Diagnostics Courier

☐ FedEx

☐ Other

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

SPECIMEN BOTTLE(S) 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; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers 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)

Date (Mo./Day/Yr.)

Daytime Phone No. ( )

Evening Phone No. ( )

Date of Birth

Mo. Day Yr.

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

<p>Date (Mo. Day Yr.)</p> <p>Donor's Initial's</p>	<p>CENTER OVER CAP</p> <p>(A)</p>	<p>SPECIMEN ID NUMBER</p>
<p>Date (Mo. Day Yr.)</p> <p>Donor's Initial's</p>	<p>CENTER OVER CAP</p> <p>(B)</p>	<p>SPECIMEN ID NUMBER</p>