

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

DOT# 10680001

SPECIMEN ID NO.

LAB ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

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

LIQUID ENVIROMENTAL SOLTN
JOHN BROWN
7651 ESTERS BLVD STE 200
IRVING TX 75063
PH: 214-524-6080 FAX: --

B. MRO Name, Address, Phone No. and Fax No. DA500020

DONALD FREEDMAN MD/AMRO
AMERICAN MEDICAL REVIEW
4237 SALISBURY RD STE 312
JACKSONVILLE FL 32216
PH: 904-332-0472 FAX: 904-296-4309

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

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)

() 67643N DOT DRUG PANEL

G. Collection Site Name:

Collection Site Code:

Address:

Collector Phone No.:

City, State and Zip:

Collector Fax No.:

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.

X

Signature of Collector

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

Date (Mo./Day/Yr.)

Time of Collection
AM
PM

SPECIMEN BOTTLE(S) RELEASED TO:

- Quest Diagnostics Courier
 FedEx
 Other

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 remarks 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
 REJECTED FOR TESTING ADULTERATED SUBSTITUTED INVALID RESULT Codeine

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 Certifying Technician/Scientist's Name

(Print) Certifying Technician/Scientist's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY

- 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.)

Laboratory Name

Laboratory Address

Date (Mo. Day Yr.)

Donor's Initial's

CENTER OVER CAP

A

SPECIMEN ID NUMBER

CENTER OVER CAP

B

SPECIMEN ID NUMBER

Quest, Quest Diagnostics, the associated logo and all associated Quest Diagnostics marks are the trademarks of Quest Diagnostics Incorporated. © Quest Diagnostics Incorporated. All rights reserved. 022015-FED. Revised 11/17. SZK - 111192.

OMB No. 0930-0158

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES