DTPM

TOXICOLOGY CONFIRMATION CHAIN OF CUSTODY FORM • INDUSTRIAL

STEP 1: TO BE COMPLETED BY COLLECTOR

A: Employer Name: _____

Address: _____

_____

Phone: _____

B: Collector Name: _____

Address: _____

_____

Phone: _____

C. MRO Name: **Anthony C. Sims, MD**
Address: **913 Airport Road Fort Payne, Alabama 35968**
Phone: **256-845-1261**
Fax: **256-364-8866**

D: Donor Name: _____

E: ID Number: _____

F: D.O.B. (M/D/Y): _____

G: Donor Verified by: ☐ Photo ID ☐ Employer representative

H: Reason for Test: ☐ Pre-Employment ☐ Post-Accident ☐ Random
☐ Reasonable Suspicion / Cause ☐ Return to Duty ☐ Other (specify): _____

I: Drug Confirmation of the following:

☐ Amphetamines ☐ Barbiturates ☐ Benzodiazepines ☐ Buprenorphine
☐ Cannabinoids (THC) ☐ Delta-8/9 THC ☐ Ecstasy (MDA, MDEA, MDMA) ☐ ETG/ETS
☐ Fentanyl ☐ Illicits (Cocaine, Heroin, PCP) ☐ Methadone ☐ Opiates
☐ Tramadol ☐ Tricyclics ☐ Validity Tests ☐ Other (list):

STEP 2: TO BE COMPLETED BY COLLECTOR

A: Urine Specimen Collection ☐ Split ☐ Single

Observed Collection: ☐ Yes ☐ No

B: Collector reads urine temperature within 4 minutes of collection.
Temperature between 90° and 100° F? ☐ Yes ☐ No

C: Remarks: _____

STEP 3: DONOR INITIALS TAMPER-EVIDENT SEALS. COLLECTOR INITIALS SEALS.
THE COLLECTOR AFFIXES SEALS TO SAMPLE CONTAINER.

STEP 4: CHAIN OF CUSTODY - TO BE COMPLETED BY COLLECTOR

I certify that the specimen given to me by the donor identified in Step 1 was collected, labeled, sealed, and released to the delivery service noted in accordance with applicable requirements.

Time of Collection: _____ Date (M/D/Y): _____

Collector's Printed Name: _____ Collector's Phone: _____

Collector's Signature: _____

Specimen Container Released to (name of delivery service):

_____

Date (M/D/Y): _____ Time: _____

STEP 5: TO BE COMPLETED BY THE DONOR

I authorize the collection of this specimen for drug testing. I acknowledge that the specimen container(s) was/were sealed with tamper-proof seals in my presence and that the information provided on this form and the labels affixed to the specimen container(s) is correct. I authorize the laboratory to release the results of the test to the company identified on this form or to it's designated agents.

Donor Signature: _____

Printed Name: _____ Date (M/D/Y): _____

STEP 6: TO BE COMPLETED BY THE LABORATORY

Shipping package intact upon receipt: Specimen pouch intact upon receipt: Shipping package intact upon receipt:
☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

Accessioner Signature: _____

Printed Name: _____ Date Received (M/D/Y): _____

Remarks: _____

WHITE ORIGINAL – LABORATORY   PINK COPY – COLLECTOR   YELLOW COPY - DONOR