

STEP 1: TO BE COMPLETED BY COLLECTOR

A: Requestor Name: _____
Address: _____
Phone: _____

B: Court/Agency Name: _____
Address: _____
Phone: _____

C: Collector Site: _____
Address: _____
Phone: _____

D: Donor Name: _____
E: ID Number: _____
F: D.O.B. (M/D/Y): _____
G: Donor Verified by: ☐ Photo ID ☐ Employer representative

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

J: Drug Confirmation of the following:

<input type="checkbox"/> Amphetamines	<input type="checkbox"/> Barbiturates	<input type="checkbox"/> Benzodiazepines	<input type="checkbox"/> Buprenorphine
<input type="checkbox"/> Cannabinoids (THC)	<input type="checkbox"/> Delta-8/9 THC	<input type="checkbox"/> Ecstasy (MDA, MDEA, MDMA)	<input type="checkbox"/> ETG/ETS
<input type="checkbox"/> Fentanyl	<input type="checkbox"/> Illicits (Cocaine, Heroin, PCP)	<input type="checkbox"/> Methadone	<input type="checkbox"/> Opiates
<input type="checkbox"/> Tramadol	<input type="checkbox"/> Tricyclics	<input type="checkbox"/> Validity Tests	<input type="checkbox"/> 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 its designated agents.

Donor Signature: _____

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

STEP 6: TO BE COMPLETED BY THE LABORATORY

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

Accessioner Signature: _____

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

Remarks: _____