

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

Dyna Diagnostics Toxi Health Laboratory  
1777 North Meade Street  
South City, KS 60609

SPECIMEN ID NO. 0000001

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

ACCESSION NO.

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

ACME Transit  
55 Broadway Road  
Springfield, NE 99919  
ID# 73765201

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

Dr. Randall Clark  
655 Main Street  
Omaha, NE 99876  
Phone: 372-885-9604 Fax: 372-885-9027

C. Donor SSN or Employee I.D. No. 123-45-6789

D. Specify Testing Authority:  HHS  NRC  DOT - 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) \_\_\_\_\_

G. Collection Site Address:

Geturco  
4301 Powers Rd.  
Smithfield, NE 99724

Collector Phone No. 505-403-1655

Collector Fax No. 505-403-1919

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.

SPECIMEN BOTTLE(S) RELEASED TO:

*x Richard K. Anderson*  
Signature of Collector

Richard K. Anderson  
(PRINT) Collector's Name (First, MI, Last)

7/13/12 10:17  
Date (Mo/Day/Yr) Time of Collection

AM  
PM

FedEx - UPS Co.  
Name of Delivery Service

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine 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 provided on this form and on the label affixed to each specimen bottle is correct.

*x Roberta Gomez*  
Signature of Donor

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

7/13/12  
Date (Mo/Day/Yr)

Daytime Phone No. (555) 494-3131

Evening Phone No. (555) 617-4424

Date of Birth 12/22/77  
(Mo/Day/Yr)

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). - DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my verification is:

NEGATIVE  POSITIVE for: \_\_\_\_\_  
 DILUTE

REFUSAL TO TEST because - check reason(s) below:

TEST CANCELLED

ADULTERATED (adulterant/reason): \_\_\_\_\_

SUBSTITUTED

OTHER: \_\_\_\_\_

REMARKS:

X

Signature of Medical Review Officer

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

Date (Mo/Day/Yr)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable Federal requirements, my verification for the split specimen (if tested) is:

RECONFIRMED for: \_\_\_\_\_  TEST CANCELLED

FAILED TO RECONFIRM for: \_\_\_\_\_

REMARKS:

X

Signature of Medical Review Officer

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

Date (Mo/Day/Yr)