

5343111491

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

1111 Newton Street, Gretna, LA 70053 | Phone: 504-361-8989 | Fax: 504-361-8298



58656531

AIRBILL NUMBER

LAB NUMBER

AIRBILL NUMBER

SPECIMEN ID NUMBER 58656531

STEP 1: To be completed by Collector or Employer Representative

A. Employer Name, Address, ID No. TDOT-REGION 3 505 DEADERICK ST; 4TH FLOOR NASHVILLE, TN 37243 615-532-3781 615-253-1477 B. MRO Name, Address, Phone No., and Fax No. DRS ELAM, GREG & CHANNELL, CA NATIONAL TOXICOLOGY SPECIALIS 1425 ELM HILL PIKE NASHVILLE, TN 37210 (615) 353-1888 (615) 356-1890 C. Donor SSN or Employee I.D. No. D. Specify Testing Authority: E. Reason for Test: F. Drug Tests to be Performed: G. Collection Site Address: Collector Phone No.: Collector Fax No.: Collector Number

STEP 2: To be completed by Collector (Make Remarks when appropriate) Collector reads specimen temperature within 4 minutes. Is temperature between 90° and 100°F? 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 on the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service in accordance with applicable Federal requirements. SIGNATURE OF COLLECTOR, DATE COLLECTED, TIME COLLECTED, SPECIMEN BOTTLE(S) RELEASED TO:

Received at Lab or IITF: SIGNATURE OF ACCESSIONER, DATE (Mo/Dy/Yr), PRIMARY SPECIMEN BOTTLE SEAL INTACT?, SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5A: Primary Specimen Report to be completed by Test Facility

NEGATIVE, POSITIVE for: Marijuana Metabolite (THCA), Cocaine Metabolite (BZE), PCP, SUBSTITUTED, INVALID RESULT, 6-Acetylmorphine, Morphine, Codeine, Methamphetamine, Amphetamine, MDMA, MDA, MDEA

Remarks: Test Facility (if different from above): SIGNATURE OF CERTIFYING TECHNICIAN/SCIENTIST, PRINT CERTIFYING TECHNICIAN/SCIENTIST NAME, DATE (Mo/Dy/Yr)

STEP 5B: To be completed by Split Testing Laboratory

Laboratory Name, Laboratory Address, RECONFIRMED, FAILED TO RECONFIRM - REASON: 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. SIGNATURE OF CERTIFYING SCIENTIST, PRINT CERTIFYING SCIENTIST NAME, DATE (Mo/Dy/Yr)

PEEL



SPECIMEN ID NO.

A



58656531 SPECIMEN BOTTLE SEAL

Date (Mo./Day/Yr.)

Donor's Initials



SPECIMEN ID NO.

B (SPLIT)



58656531 SPECIMEN BOTTLE SEAL

Date (Mo./Day/Yr.)

Donor's Initials

## Instructions for Completing the Federal Drug Testing Custody and Control Form

*When making entries, use black or blue ink pen and press firmly. As the field requires, enter one character per box or make a clear "X" to indicate a selection among multiple choices.*

Collector ensures that the name and address of the HHS-certified Instrumented Initial Test Facility (IITF) or HHS-certified laboratory is on the top of the CCF and that the Specimen ID number on the top of the CCF matches the Specimen ID on the labels at the bottom of the form.

### STEP 1:

- Collector ensures that the required information is in STEP 1. Collector ensures a remark in STEP 2 if Donor refuses to provide his/her SSN or Employee ID Number.
- Collector gives collection container to Donor and instructs Donor to provide a specimen. Collector notes any unusual behavior or appearance of Donor in the Remarks line of STEP 2. If Donor conduct at any time during the collection process clearly indicates an attempt to tamper with the specimen, Collector notes the conduct in the Remarks line of STEP 2 and takes action as required.

### STEP 2:

- Collector checks specimen temperature within 4 minutes of receiving the specimen from Donor and marks the appropriate temperature box in STEP 2. If temperature is outside the acceptable range, Collector enters a remark in STEP 2 and takes action as required.
- Collector inspects the specimen and notes any unusual findings in the Remarks line of STEP 2 and takes action as required. Any specimen with unusual physical characteristics (e.g. unusual color, presence of foreign objects or material, unusual odor) cannot be sent to an IITF and must be sent to an HHS-certified laboratory for testing as required.
- Collector determines the volume of specimen in the collection container. If the volume is acceptable, Collector proceeds with the collection. If the volume is less than required by the Federal Agency, Collector takes action as required and enters remarks in STEP 2. If no specimen is collected by the end of the collection process, Collector checks the None Provided box, enters a remark in STEP 2, discards Copy 1 of the form, and distributes the remaining copies as required.
- Collector checks the Split or Single specimen collection box. If the collection is observed, Collector checks the Observed box and enters a remark in STEP 2.

### STEP 3:

- Donor watches Collector pour the specimen from the collection container into the specimen bottle(s), place the cap(s) on the specimen bottle(s), and affix the label seal(s) on the specimen bottle(s).
- Collector dates the specimen bottle label seal(s) after placement on the specimen bottle(s).
- Donor initials the specimen bottle label seal(s) after placement on the specimen bottle(s).
- Collector turns to Copy 2 (Medical Review Officer Copy) of the form and instructs Donor to read and complete the certification statement in STEP 5 (signature, printed name, date, phone numbers, and date of birth). If Donor refuses to sign the certification statement, Collector enters a remark in STEP 2 on Copy 1.

### STEP 4:

- Collector completes STEP 4 on Copy 1 (signature, printed name, date, time of collection, and name of delivery service), places the sealed specimen bottle(s) and Copy 1 of the CCF in a leak-proof plastic bag, seals the bag, prepares the specimen package for shipment, and distributes the remaining CCF copies as required.

### Privacy Act Statement: (for Federal Employees Only)

Submission of the information on the attached form is voluntary; however, incomplete submission of the information, refusal to provide a urine specimen, or substitution or adulteration of a specimen may result in delay or denial of your application for employment / appointment or may result in removal from the Federal service or other disciplinary action.

The authority for obtaining the urine specimen and identifying information contained herein is Executive Order 12564 ("Drug-Free Federal Workplace"), 5 U.S.C. Sec. 3301 (2), 5 U.S.C. Sec. 7301, and Section 503 of Public Law 100-71, 5 U.S.C. Sec. 7301 note. Under provisions of Executive Order 12564 and 5 U.S.C. 7301, test results may only be disclosed to agency officials on a need-to-know basis. This may include the agency Medical Review Officer (MRO), the administrator of the Employee Assistance Program, and a supervisor with authority to take adverse personnel action. This information may also be disclosed to a court where necessary to defend against a challenge to an adverse personnel action.

Submission of your SSN is not required by law and is voluntary. Your refusal to furnish your number will not result in the denial of any right, benefit, or privilege by law. Your SSN is solicited, pursuant to Executive Order 9397, for purposes of associating information in agency files relating to you and for purposes of identify the specimen provided for testing. If you refuse to indicate your SSN, a substitute number or other identifier will be assigned, as required, to process the specimen.

### Public Burden Statement:

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0158. Public reporting burden for this collection of information is estimated to average: 5 minutes/donor; 4 minutes/collector; 3 minutes/test facility; and 3 minutes/Medical Review Officer. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland 20857.