

Printed: 08/18
3000

Customer Svc: 800-833-3984



SPECIMEN ID NO.

0038444964

ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No. **ALLIED VAN LINES Corporate 101 E WASHINGTON BLVD # 1100 FORT WAYNE IN 46818 260-429-3302 Fx: 260-429-2284**

B. MRO Name, Address, Phone No. and Fax No. **DR. T. E. SIMD, MD NDI PARK ABBEY BUILDING 4600 PARK ROAD, SUITE 500 CHARLOTTE NC 28209 704-364-7550 671237 FAX: 704-364-5961**

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) _____

G. Collection Site Address: _____

Collector Phone No. _____

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 AM _____ PM _____

(PRINT) Collector's Name (First, MI, Last) _____ Date (Mo/Day/Yr) _____ Time of Collection _____ 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 remark 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

PCP Codeine

REJECTED FOR TESTING ADULTERATED SUBSTITUTED INVALID RESULT

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 of Certifying Technician/Scientist

(PRINT) Certifying Technician/Scientist's Name (First, MI, Last) _____ Date (Mo/Day/Yr) _____

STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY

Laboratory Name _____

Laboratory Address _____

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) _____

CONTAINER SEAL

3000

0038444964

Bottle A

Bottle B (SPLIT)

0038444964

A _____ DATE _____ DONOR'S INITIALS _____

B SPLIT _____ DATE _____ DONOR'S INITIALS _____

NOTE POSITION OF BARCODE STARTS AT BOTTOM OF CONTAINER AS SHOWN HERE.

OMB No. 0930-0158

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES