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FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

Printed: 08/18
3000
Customer Svc: 800-833-3984
SPECIMEN ID NO. 0038355574



ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No. NORTH AMERICAN 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. 681577 DR. T. E. SIMD, MD NDI PARK ABBEY BUILDING 4600 PARK ROAD, SUITE 500 CHARLOTTE NC 28209 704-364-7550 FAX: 704-364-5961	
C. Donor SSN or Employee I.D. No.		LOCATION CODE:	
D. Specify Testing Authority: <input type="checkbox"/> HHS <input type="checkbox"/> NRC Specify DOT Agency: <input checked="" type="checkbox"/> FMCSA <input type="checkbox"/> FAA <input type="checkbox"/> FRA <input type="checkbox"/> FTA <input type="checkbox"/> PHMSA <input type="checkbox"/> USCG			
E. Reason for Test: <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify)			
F. Drug Tests to be Performed: <input checked="" type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark	Collection: <input type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided, Enter Remark	<input type="checkbox"/> Observed, Enter Remark
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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:	
Signature of Collector	
(PRINT) Collector's Name (First, MI, Last)	Date (Mo/Day/Yr) Time of Collection
Name of Delivery Service	

RECEIVED AT LAB OR IITF:

Signature of Accessioner	Primary Specimen Bottle Seal Intact <input type="checkbox"/> YES <input type="checkbox"/> NO	SPECIMEN BOTTLE(S) RELEASED TO:
(PRINT) Accessioner's Name (First, MI, Last)	Date (Mo/Day/Yr) If NO, Enter remark in Step 5A.	

STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST FACILITY

<input type="checkbox"/> NEGATIVE <input type="checkbox"/> DILUTE	<input type="checkbox"/> POSITIVE for: <input type="checkbox"/> Marijuana Metabolite ($\Delta 9$ -THCA) <input type="checkbox"/> Cocaine Metabolite (BZE) <input type="checkbox"/> PCP	<input type="checkbox"/> Methamphetamine <input type="checkbox"/> Amphetamine	<input type="checkbox"/> MDMA <input type="checkbox"/> MDA	<input type="checkbox"/> 6-Acetylmorphine <input type="checkbox"/> Morphine <input type="checkbox"/> Codeine	<input type="checkbox"/> OXYC <input type="checkbox"/> OXYM	<input type="checkbox"/> HYC <input type="checkbox"/> HYM
<input type="checkbox"/> REJECTED FOR TESTING <input type="checkbox"/> ADULTERATED <input type="checkbox"/> SUBSTITUTED <input type="checkbox"/> 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.

Signature of Certifying Technician/Scientist	(PRINT) Certifying Technician/Scientist's Name (First, MI, Last)	Date (Mo/Day/Yr)
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STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY

Laboratory Name	<input type="checkbox"/> RECONFIRMED <input type="checkbox"/> FAILED TO RECONFIRM - REASON
Laboratory Address	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.
Signature of Certifying Scientist	(PRINT) Certifying Scientist's Name (First, MI, Last) Date (Mo/Day/Yr)

CONTAINER SEAL

Bottle A	0038355574	A	DATE	DONOR'S INITIALS
Bottle B (SPLIT)	0038355574	B SPLIT	DATE	DONOR'S INITIALS

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