i9 First Ave., Raritan, NJ 08869

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

904 T.W. Alexander Dr., Research Triangle Park, NC 27709

120 Main Street, Southaven, MS 38671

'207 North Gessner, Houston, TX 77040

Printed: 08/18 3000 Customer Svc:800-833-3984

0038355574

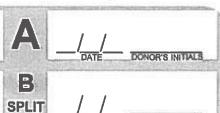


ACCESSION NO.

STEP	1:	COMPLETED	BY	COLLECTOR	OR	EMPLOYER	REPRESENTATI	VE
	••			0055501011	-		***************************************	

11 44 111 22 120 21 4422	OTOR ON LINE COTER TELL TELL	21415411442				
A Employer Name, Address, I.D. I NDRTH AMERICAN V Corporate 101 E WASHINGTON FORT WAYNE	AN LINES BLVD # 1100 IN 46818		EY BUILDING K ROAD, SUIT	90	ax No. 68157	77
	: 260-429-2284	704-364-7	7550	FAX: 704-3	64-5961	
C. Donor SSN or Employee I.D. No		1 1 1 1		LOCATION C		
D. Specify Testing Authority:		OT Agency: 🚡	_	FRA FTA		SCG
E. Reason for Test: Pre-employn					Other (specify)	
F. Drug Tests to be Performed: G. Collection Site Address:	THC, COC, PCP, OPI, AMI	P THC & C	COC Only U Othe	r (specify)		
, 11 12 - 17 - 17 - 17 - 17 - 17				N M.		
			Collector F	none No.		
			Collector f	ax No.		
TEP 2: COMPLETED BY COLL						
Temperature between 90° and 100° F?	Yes No, Enter Remark	Collection:	Split Single [None Provided, Enter	Remark Obse	erved, Enter Remark
REMARKS						
TEP 3: Collector affixes bottle :				lonor completes STi	EP 5 on Copy 2 (MI	RO Copy)
certify that the specimen given to mocollected, labeled, sealed and released	e by the donor identified in the cei	rtification section or	1 Copy 2 of this form was	SPECIME	N BOTTLE(S) RELEAS	ED TO:
K	•					
	Signature of Collector		AM	1		
(PRINT) Collector's Na	me (First, M), Last)	Date (Mo/Day/Yr)	Time of Collection		Name of Delivery Service	
RECEIVED AT LAB OR IITF:				Primary Specimen	SPECIMEN BOTTLE	(S) RELEASED TO:
K				Bottle Seal Intact	· '	
	Signature of Accessioner			☐ YES ☐ NO		
(PRINT) A	ccessioner's Name (First, MI, Last)		Date (Mo/Day/Yr)	If NO, Enter remark in Step 5A.		
TEP 5A: PRIMARY SPECIMEN		EST FACILITY				
NEGATIVE POSITIVE fo	or: Marijuana Metabolite (Δ9			☐ MDA ☐ ☐ Moi		XYM HYC
REJECTED FOR TESTING	☐ PCP ☐ ADULTERATED	SUBSTITUT	ED INVALID		Codeine	19
_		_				
REMARKS:						
Test Facility (if different from abov certify that the specimen identified on the		nandled usina chain (of custody procedures, analy	zed, and reported in acco	rdance with applicable F	ederal requirements
Χ						
	g Technician/Scientist	(PRI	INT) Certifying Technician/Se	cientist's Name (First, MI, I	.ast) D:	ate (Mo/Day/Yr)
TEP 5b: COMPLETED BY SPLI	TESTING LABORATORY					
	☐ RECONFIRMI	FD	O RECONFIRM - REASO	N		
Laboratory Name	I certify that the sp	olit specimen identifie	d on this form was examine		sing chain of custody pro	ocedures, analyzed,
	and reported in ac	cordance with applic	able Federal requirements.			
	X					
Laboratory Address		re of Certifying Scientis	st (PRINT)	Certifying Scientist's Name (First, MI, Last) Da	ite (Mo./Day/Yr.)
CONTAINER SEAL	IIII I 0029255	574 [11]		25020303		A 7





DONOR'S INITIALS

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

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES