

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO. **0000001**

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

ACCESSION NO.

A. Employer Name, Address, I.D. No. \_\_\_\_\_ B. MRO Name, Address, Phone No. and Fax No. \_\_\_\_\_

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.

**SPECIMEN BOTTLE(S) RELEASED TO:**

**X** \_\_\_\_\_ AM  
Signature of Collector \_\_\_\_\_ PM

\_\_\_\_\_  
(PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collection 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** Merlin Jones Merlin B. Jones 06/22/18  
Signature of Donor (PRINT) Donor's Name (First, MI, Last) Date (Mo/Day/Yr)

Daytime Phone No. (555) 123 - 4567 Evening Phone No. (555) 123 - 4567 Date of Birth 12/14/79  
(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)