

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO.



8433 QUIVIRA • LENEXA, KANSAS 66215

FASTEST LAB W SAN ANTONIO
89500557-01

2082654762

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.

PH: 210-520-5800

B. MRO Name, Address, Phone No. and Fax No.

MR00766

ACCT: PKK.DOT1 REF1

COMPANY NAME

5420 NW LOOP 410, STE 2

SAN ANTONIO, TX 78209

5718 University Heights Blvd
San Antonio, TX 78249

C. Donor SSN, Employee I.D. No., CDL State and No.

D. Specify Testing Authority: ☐ HHS ☐ NRCSpecify DOT Agency: ☒ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCGE. 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:

PKK 0000 PKK0000/FASTEST LABS-NW SAN ANTONIO

5718 UNIV HEIGHTS BLVD, STE 105 PH: 210-522-9675

SAN ANTONIO, TX 78249 FX: 210-696-5526

Collector Contact Info: Phone () - ()

Fax () - ()

Other:

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).

☒ URINE☐ ORAL FLUIDCOLLECTION: ☒ Split ☐ Single ☐ None Provided, Enter Remark.URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100° F? ☐ Yes ☐ No, Enter Remark ☐ Observed, Enter RemarkORAL FLUID: Split Type: ☐ Serial ☐ Concurrent ☐ Subdivided Each Device Within Expiration Date? ☐ Yes ☐ No ☐ Volume Indicator(s) Observed

REMARKS:

STEP 3: Collector affixes seal(s) to bottle(s)/tube(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)/TUBE(S) RELEASED TO:

X

Signature of Collector

(PRINT) Collector's Name (First, MI, Last)

Mo. Day Year

Time of Collection

AM

PM

FedEx

Name of Delivery Service

RECEIVED AT LAB OR IITF:

X

Signature of Accessioner

(PRINT) Accessioner's Name (First, MI, Last)

Mo. Day Year

Date

/ 20

Primary Specimen Seal Intact

☐ YES ☐ NO

If NO, Enter remark in Step 5A.

SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:

Primary/Single Specimen Device Expiration Date:

Mo. Day Year 20

Split Specimen Device Expiration Date:

Mo. Day Year 20

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

☐ NEGATIVE☐ REJECTED FOR TESTING☐ ADULTERATED☐ SUBSTITUTED☐ INVALID RESULT☐ DILUTE☐ POSITIVE for:

Analyte(s) in ng/mL

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)

Mo. Day Year

STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY

☐ 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.

Laboratory Name

Laboratory Address

Signature of Certifying Scientist

(PRINT) Certifying Scientist's Name (First, MI, Last)

Mo. Day Year



2082654762

SPECIMEN ID NO.



2082654762

SPECIMEN ID NO.

B (SPLIT)

PLACE OVER CAP

PLACE OVER CAP

Donor's Initials

COPY 1 - TEST FACILITY COPY

4762

SEAL

4762

SEAL



Peel on an upward angle across form.



Do not peel directly across form.

V2.0

11/22

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES