

CHAIN OF CUSTODY FORM

OTS - RTP
LABCORP
1904 ALEXANDER DRIVE
RTP, NC 27709
3000

Customer Service: 800-833-3984



SPECIMEN ID NO. 0374500022

LAB ACCESSION NO.

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

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

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

976961

EMPLOYER:
C/O MINERT & ASSOCIATES
280 E. CORPORATE DRIVE #270
MERIDIAN ID 83642
800-388-3204
FAX: 208-884-4111

MINERT & ASSOCIATES
ATTN: DR. RALPH SUTHERLIN
280 E. CORPORATE DRIVE #270
MERIDIAN ID 83642
800-388-3204 FAX: 208-884-4111



Location:

C. Donor SSN or Employee I.D. No.

D. Reason for Test: Pre-Employment Random Reasonable Suspicion/Cause Post Accident Periodic Other

E. Collection Site Address:

91627
MINERT & ASSOCIATES
280 E CORPORATE DRIVE NO. 270
MERIDIAN ID 83642

Collector Phone No. 800-388-3204

Collector Fax No. 208-884-4111

F. Donor Identification Verified By: Photo I.D. Employer Representative

STEP 2: TO BE COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100°F? Yes No, Enter Remark Below Split Specimen Collection Yes No

REMARKS:

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).

STEP 4: TO BE COMPLETED BY COLLECTOR AND DONOR

G. Daytime Phone No. () Evening Phone No. () Date of Birth / /

H. TEST(S) REQUESTED BY EMPLOYER:

I authorize the collection of this specimen for the purpose of a drug screen. I acknowledge that the specimen container(s) was/were sealed with tamper-proof seal(s) in my presence; and that the information provided on this form and on the label(s) affixed to the specimen container(s) is correct. I authorize the laboratory to release the results of the test to the company identified on this form or its designated agents.

(PRINT) DONOR'S NAME (FIRST, MI, LAST) SIGNATURE OF DONOR INITIAL MONTH DAY YEAR

STEP 5: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified on this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X Signature of Collector

AM
PM

Time of Collection

SPECIMEN BOTTLE(S) RELEASED TO:

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

Date (Mo/Day/Yr.)

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB:

X Signature of Accessioner

Primary Specimen Bottle Seal Intact

SPECIMEN BOTTLE(S) RELEASED TO:

Yes
 No, Enter Remark Below

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

Date (Mo/Day/Yr.)

Printed: 10/07

CONTAINER SEAL

OTS - RTP
3000

0374500022

Bottle A

Bottle B (SPLIT)



A

B
SPLIT

DATE DONOR'S INITIALS

DATE DONOR'S INITIALS



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