FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



Attachment C

SPECIMEN ID NO.	123456	57			
A. Employer Name, Address, I.D. No.		 В. МЯФ N	lame, Address	, Phone and Fax N	1 φ.
C. Donor SSN or Employee I.D. No. D. Reason for Test: Pre-employment Random Return to Duty Follow-up E. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP F. Collection Site Address:	P 🗆 C	onable Su Other (spe & COC (Only ☐ Othe	Post Accide r (specify)	ent
STEP 2: COMPLETED BY COLLECTOR		-	C	ollector Fax No.	
Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F?	Specimen			ed (Enter Remark)	☐ Observed (Enter Remark)
REMARKS STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). D STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COM-		· 1			The state of the s
I certify that the specimen given to me by the donor identified in the certification se accordance with applicable Federal requirements. X Signature of Collector Time of Collector (PRINT) Collector's Name (First, MI, Last) Date (Mo/Da	AM PM	2 of this for	ATORY rm was collected, la	beled, sealed and relea	sed to the Delivery Service noted in
RECEIVED AT LAB: X Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Date (Mo./D		Bottle □Yes	ry Specimen Seal Intact	ivery Service Transferring S	LE(S) RELEASED TO:
STEP 5a: PRIMARY SPECIMEN TEST RESULTS - COMPLETED BY PROPERTY OF THE POSITIVE FOR: MARIJUANA METABO COCAINE METABO PROPERTY OF THE POSITIVE FOR TESTING PCP	RIMARY LAB	ORATOR DEINE MORPHI		AMPHETAMINE METHAMPHETAM	☐ ADULTERATED INE ☐ SUBSTITUTED ☐ INVALID RESULT
TEST LAB (if different from above) I certify that the specimen identified on this form was examined upon receipt, handled usin	ng chain of custo	ody procedu	ıres, analyzed, and ı	reported in accordance w	rith applicable Federal requirements.
Signature of Certifying Scientist STEP 5b: SPLIT SPECIMEN TEST RESULTS - (IF TESTED) COMPLETE	ED BY SECO	NDARY I	ng Scientist's Name (F ABORATORY	irst, MI, Last)	Date (Mo/Day/Yr.)
Laboratory Address	мин аррисавие г	his form wa	s examined upon re iirements.	ceipt, handled using cha	in of custody procedures, analyzed,
1234567 A SPECIMEN ID NO.	PLACE OVER CAP		SPECIME	4567 N BOTTLE	Date (Mo. Day Yr.) Donor's Initials
1234567 B SPECIMEN ID NO. (SPLIT)	PLACE OVER CAP		SPECIME	4567 N BOTTLE	Date (Mo Day Yr.) Donor's Initials

Signature of Medical Review Officer

SPECIMEN ID NO. 1234567

STEP 1: COMPLETED BY COLLECTO		PATIVE			
A. Employer Name, Address, I.D. N	No.		Vame, Address,	Phone and Fax N	0.
C. Donor SSN or Employee I.D. No	0.				
D. Reason for Test: Pre-em		Reasonable S	enicion/Cauco	☐ Post Accide	
	eturn to Duty Follow-up			☐ FOST Accide	nı
E. Drug Tests to be Performed: F. Collection Site Address:	☐THC, COC, PCP, OPI, AMP	☐THC & COC		(specify)	
			Co	illector Phone No.	
			Co	ollector Fax No	
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STEP 4: CHAIN OF CUSTODY - INITIA	TIED BY COLLECTOR AND CON	MPLETED BY LABO	RATORY		
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Signature of Conector	Time of Cotte	ection			
(PRINT) Collector's Name (First, M	(II, Last) Date (Mo/Da	ny/Yr.)	Name of Deli	very Service Transferring	Specimen to Lab
RECEIVED AT LAB:		1	ary Specimen		LE(S) RELEASED TO:
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X Signature of	of Accessioner	1	ary Specimen		
Signature of (PRINT) Accessioner's Name (First	/	► Bott	ary Specimen		
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(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo/Day/Yr.)

SPECIMEN ID NO	1234567
STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPREST	ENTATIVE
A. Employer Name, Address, LD. No.	B. MRO Name, Address, Phone and Fax No.
C. Donor SSN or Employee I.D. No.	
D. Reason for Test: ☐ Pre-employment ☐ Random	Reasonable Suspicion/Cause Post Accident
□ Return to Duty □ Follow E. Drug Tests to be Performed: □THC, COC, PCP, OPI, AN F. Collection Site Address:	
7. Collection Site Address.	Collector Phone No.
	Collector Fax No.
STEP 2: COMPLETED BY COLLECTOR	
Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☐ Yes ☐ No, Enter Remark	e Specimen Collection: Split Single None Provided (Enter Remark) Observed (Enter Remark)
REMARKS	S S S S S S S S S S S S S S S S S S S
	s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)
I certify that the specimen given to me by the donor identified in the certification	on section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in
accordance with applicable Federal requirements.	AM SPECIMEN BOTTLE(S) RELEASED TO:
Signature of Collector Time of	PM ►
(DOINT) C-III	
(PRINT) Collector's Name (First, MI, Last) Date (Mc RECEIVED AT LAB:	o/Day/Yr.) Name of Delivery Service Transferring Specimen to Lab
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X Signature of Donor	(PRINT) Donor's Name (First, MI, Last) Date (Mo. / Day / Yr.)
Daytime Phone No. () Evening	Phone No. () Date of Birth / /
	Ma Dry Ve
about prescriptions and over-the-counter medications you may ha	ied by this form be confirmed positive, the Medical Review Officer will contact you to ask ave taken. Therefore, you may want to make a list of those medications for your own records. To so either on a separate piece of paper or on the back of your copy (Copy 5). —DO NOT R COPY OF THE FORM. TAKE COPY 5 WITH YOU.
TEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY	
In accordance with applicable Federal requirements, my dete	ermination/verification is:
□ NEGATIVE □ POSITIVE □ TEST CANCELLED □ DILUTE	□ REFUSAL TO TEST BECAUSE: □ ADULTERATED □ SUBSTITUTED
REMARKS	
X	
Signature of Medical Review Officer	(PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo/Day/Yr.)
TEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SP	
In accordance with applicable Federal requirements, my dete	
☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASO	N
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Signature of Medical Review Officer

SPECIMEN ID NO.	1234567	
TEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESE Employer Name, Address, I.D. No.	B MRO Name, Address, Phone and Fax No.	
Donor SSN or Employee I.D. No.		
Reason for Test: □ Pre-employment □ Random □ Return to Duty □ Follow Drug Tests to be Performed: □ THC, COC, PCP, OPI, AM		
Collection Site Address:	Collector Phone No.	
	Collector Fax No.	
EP 2: COMPLETED BY COLLECTOR		
Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F?	2003 BB <u>-1</u> 1632 BB-1632 BB-1632 BB-164 BB-1632	rved (Enter Remar
REMARKS		
No. of the Control of	s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)	
EP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND C		
certify that the specimen given to me by the donor identified in the certification cordance with applicable Federal requirements.	on section on Copy 2 of this form was collected, labeled, sealed and released to the	Delivery Service note
X	SPECIMEN BOTTLE(S) RELEASED TO:	
Signature of Collector Time of (Collection	
(PRINT) Collector's Name (First, MI, Last) Date (Mc	fo/Day/Yr.)	and the second second
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Signature of Accessioner	Bottle Seal Intact	
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	Mo/Day/Yr.) No, Enter Remark Below	- 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	g Phone No. () Date of Birth	/ /
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EP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY	Y SPECIMEN	#EJ
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REMARKS		
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Signature of Medical Review Officer	(PRINT) Medical Review Officer's Name (First, MI, East)	Date (Mo./Diry/Y1)
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accordance with applicable Federal requirements, my dete		
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Signature of Medical Review Officer	(PRINT) Medical Review Officer's Name (First, Mi, Last)	Date (Mo/Day/Y)

(PRINT) Medical Review Officer's Name (First, Mi, Last)

Signature of Medical Review Officer

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(PRINT) Medical Review Officer's Name (First, Mt. Last).

Date (Mo./Day/Yr.)

Paperwork Reduction Act Notice (as required by 5 CFR 1320.21)

Public reporting burden for this collection of information, including the time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the collection of information is estimated for each respondent to average: 5 minutes/donor; 4 minutes/collector; 3 minutes/laboratory; and 3 minutes/Medical Review Officer. Federal employees may send comments regarding these burden estimates, or any other aspect of this collection of information, including suggestions for reducing the burden, to the SAMHSA Reports Clearance Officer, Paperwork Reduction Project (0930-0158), Room 7-1044, One Choke Cherry Road, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0158.

Back of Copies 1, 2, 3, and 4

Instructions for Completing the Federal Drug Testing Custody and Control Form

- A Collector ensures that the name and address of the drug testing laboratory appear on the top of the CCF and the Specimen I.D. number on the top of the CCF matches the Specimen I.D. number on the labels/seals.
- B. Collector provides the required information in STEP 1 on the CCF. The collector provides a remark in STEP 2 if the donor refuses to provide his/her SSN or Employee I.D. number.
- C. Collector gives a collection container to the donor for providing a specimen.
- D. After the donor gives the specimen to the collector, the collector checks the temperature of specimen within 4 minutes and marks the appropriate temperature box in STEP 2 on the CCF. The collector provides a remark if the temperature is outside the acceptable range.
- E. Collector checks the split or single specimen collection box. If no specimen is collected, that box is checked and a remark is provided. If it is an observed collection, that box is checked and a remark is provided. If no specimen is collected, Copy 1 is discarded and the remaining copies are distributed as required.
- F. Donor watches the collector pouring the specimen from the collection container into the specimen bottle(s), placing the cap(s) on the specimen bottle(s), and affixing the label(s)/seal(s) on the specimen bottle(s).
- G. Collector dates the specimen bottle label(s) after they are placed on the specimen bottle(s).
- H. Donor initials the specimen bottle label(s) after the label(s) have been placed on the specimen bottle(s).
- I. Collector turns to Copy 2 (MRO Copy) and instructs the donor to read the certification statement in STEP 5 and to sign, print name, date, provide phone numbers, and date of birth after reading the certification statement. If the donor refuses to sign the certification statement, the collector provides a remark in STEP 2 on Copy 1.
- J. Collector completes STEP 4 (i.e., provides signature, printed name, date, time of collection, and name of delivery service), immediately places the sealed specimen bottle(s) and Copy 1 of the CCF in a leak-proof plastic bag, releases specimen package to the delivery service, and distributes the other copies as required.

Privacy Act Statement: (For Federal Employees Only)

Submission of the information on the attached form is voluntary. However, incomplete submission of the information, refusal to provide a urine specimen, or substitution or adulteration of a specimen may result in delay or denial of your application for employment/appointment or may result in removal from the Federal service or other disciplinary action.

The authority for obtaining the urine specimen and identifying information contained herein is Executive Order 12564 ("Drug-Free Federal Workplace"), 5 U.S.C. § 3301 (2), 5 U.S.C. § 7301, and Section 503 of Public Law 100-71, 5 U.S.C. § 7301 note. Under provisions of Executive Order 12564 and 5 U.S.C. 7301, test results may only be disclosed to agency officials on a need-to-know basis. This may include the agency Medical Review Officer, the administrator of the Employee Assistance Program, and a supervisor with authority to take adverse personnel action. This information may also be disclosed to a court where necessary to defend against a challenge to an adverse personnel action.

Submission of your SSN is not required by law and is voluntary. Your refusal to furnish your number will not result in the denial of any right, benefit, or privilege provided by law. Your SSN is solicited, pursuant to Executive Order 9397, for purposes of associating information in agency files relating to you and for purposes of identifying the specimen provided for urinalysis testing for illegal drugs. If you refuse to indicate your SSN, a substitute number or other identifier will be assigned, as required, to process the specimen.

In the event laboratory analysis determines the presence of one or more illegal drugs in the specimen you provide, you will be contacted by an agency Medical Review Officer (MRO). The MRO will determine whether there is a legitimate medical explanation for the drug(s) identified by urinalysis.

Paperwork Reduction Act Notice (as required by 5 CFR 1320.21)

Public reporting burden for this collection of information, including the time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the collection of information is estimated for each respondent to average: 5 minutes/donor; 4 minutes/collector; 3 minutes/laboratory; and 3 minutes/Medical Review Officer. Federal employees may send comments regarding these burden estimates, or any other aspect of this collection of information, including suggestions for reducing the burden, to the SAMHSA Reports Clearance Officer, Paperwork Reduction Project (0930-0158), Room 7-1044, One Choke Cherry Road, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0158.