



00114857 4038158 SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No. **OFFSHORE**
 EDI TEST ACCOUNT
 1650 LARKSHIRE DR #350
 COLUMBUS, OH 43204
 PH: 614-481-6999 FAX: 614-481-6980

B. MRO Name, Address, Phone and Fax No. **FORM ID: CAPW50020**

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

D. Donor Name: Last: _____ First: _____

E. Donor ID Verified: Photo ID Emp. Rep. _____

F. Reason for Test: Pre-employment (1) Random (2) Reasonable Suspicion/Cause (5) Post-Accident (2) Promotion (22)
 Return to Duty (8) Follow-up (23) Other (specify) (99) _____

G. Drug Tests to be Performed:
 35105N CAP 5-58 U/NUT

H. Collection Site Name: _____ Collection Site Code: _____
 Address: _____ Collector Phone No. _____
 City, State and Zip: _____ 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 _____

Specimen 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.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

Verify that the specimen given to you is the same as identified in the collection container. Day (AM/PM) when was collected, sealed, stored, and received in the Delivery Service container in accordance with applicable requirements.

Signature of Collector _____ Time of Collection _____ AM/PM _____
 (Print Collector's Name (First, MI, Last)) _____ Date (Mo./Day/Yr.) _____

SPECIMEN BOTTLE(S) RELEASED TO:
 Quest Diagnostics Courier FedEx
 Airborne Other _____
 Name of Delivery Service Transferring Specimen to Lab _____

RECEIVED AT LAB: Signature of Accessioner _____
 (Print Accessioner's Name (First, MI, Last)) _____ Date (Mo./Day/Yr.) _____

Primary Specimen Bottle Seal Intact:
 Yes No, Enter Remark Below _____

SPECIMEN BOTTLE(S) RELEASED TO: _____

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 and numbers provided on this form and on the label affixed to each specimen bottle is correct.

Signature of Donor _____ (PRINT) Donor's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____

Daytime Phone No. () _____ Evening Phone No. () _____ Date of Birth _____
 Mo. Day Yr.

 Date (Mo. Day Yr.)
 Donor's Initial's

CENTER OVER CAP

(A)

 00114857 - 4038158
 SPECIMEN ID NUMBER

 00114857 - 4038158
 LABEL DRINKING WATER

 Date (Mo. Day Yr.)
 Donor's Initial's

CENTER OVER CAP

(B)

 00114857 - 4038158
 SPECIMEN ID NUMBER

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES