



00114857 4038158 SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

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

PH: FAX:

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: Address: City, State and Zip: Collection Site Code: 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: 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 us is the same as the one identified in the collection container. Day/AM/PM was collected, sealed, stored, and received in the Delivery Service container in accordance with applicable requirements.

X Signature of Collector Time of Collection AM/PM SPECIMEN BOTTLE(S) RELEASED TO: Quest Diagnostics Courier FedEx Airborne Other Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: X Signature of Accessioner 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.

X 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