

ExperTox™
Laboratory Services
 1803 Center Street
 Deer Park, Texas 77536
 281-476-4600 Ph
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CUSTODY, CONTROL AND TEST REQUISITION FORM

Donor	Donor ID	Client Submitting Sample
Name	SS# or ID#	Name
Address	DOB	Address/City & State
City & State	Other	Agency Sample ID #

TEST MENU

- Drug Screen _____
- Drug Confirmation _____
- Alcohol _____
- Volatile Organics _____
- Nicotine _____
- Heavy Metals _____
- Metal Speciation _____
- Hair/Nail Testing for drugs or minerals _____
- Unknown pill/powder identification _____
- Water analysis _____
- Other Tests _____

Type of Specimen:

- Blood
- Urine
- Tissue
- Hair
- Other _____

Comments: _____

I hereby acknowledge the specimen accompanying this form is my own. I attest the specimen was sealed in my presence with a tamperproof seal and the container and this Chain of Custody were enclosed in transport bag and sent to the laboratory for testing. I hereby give my consent to collect and perform required analysis and report results to _____ / _____ (Company/Ph or Fax#). I also consent if testing is for drug screen that positive result be submitted for confirmation to a reference laboratory.

Donor Signature _____ Date _____

Collection Location: _____ Split Sample: ? Yes ? No

Facility _____ Address _____ Phone No. _____

Print: Collectors Name _____ Collector's Signature _____ Date (mo/day/yr) Time _____

DATE	SAMPLE RELEASED BY	SAMPLE RECEIVED BY	PURPOSE OF CHANGE	Sample Intact
	Signature Name	Signature Name	PROVIDE SAMPLE FOR TESTING	? Yes ? No
	Signature Name	Signature Name		? Yes ? No
	Signature Name	Signature Name		? Yes ? No
	Signature Name	Signature Name		? Yes ? No
	Signature Name	Signature Name		? Yes ? No

Remarks if Sample not intact _____