

ExperTox[®]

single source laboratory solutions

Step 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

Specimen ID Number _____

NON DOT	A: Company: _____	B: Location #: _____	NON DOT
	Identification Verified by: <input type="checkbox"/> Photo Id <input type="checkbox"/> Employer Representative		

Step 2: TO BE COMPLETED BY DONOR

Donor Name: _____ Donor SSN or ID # _____

I authorize the collection of this specimen for the purpose of a drug screen. I acknowledge that the specimen container was sealed with tamper-proof seal in my presence, and the information provided on this form and on the label affixed to the specimen container is correct. I authorize the laboratory to release the results of the test to the company identified on this form.

X _____ /_____/_____
 Donor Signature Donor Phone # Initials Date (Mo/Day/Yr)

Step 3: COMPLETED BY COLLECTOR:

NON DOT	REASON FOR TEST: <input type="checkbox"/> PreEmployment <input type="checkbox"/> Random <input type="checkbox"/> Post Incident/Accident <input type="checkbox"/> Periodic <input type="checkbox"/> Return to Duty <input type="checkbox"/> Other _____	NON DOT		
	Specimen Collection: <input type="checkbox"/> Single <input type="checkbox"/> Split <input type="checkbox"/> None Remark _____ <input type="checkbox"/> Witnessed			
	Read Temperature within 4 minutes. Is temperature between 90° and 100°? <input type="checkbox"/> Yes <input type="checkbox"/> No Remark _____			
	Remarks: _____			
	<table style="width: 100%;"> <tr> <td style="width: 50%;">Collection Site Address:</td> <td style="width: 50%;">Collector Phone:</td> </tr> <tr> <td></td> <td>Collector Fax:</td> </tr> </table>		Collection Site Address:	Collector Phone:
Collection Site Address:	Collector Phone:			
	Collector Fax:			

Step 4: Collector affixes tamper seal to bottle. Collector prints donor ID on seal. Donor initials and dates seal. Collector initials and dates seal.

Step 5: CHAIN OF CUSTODY INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen identified on this form is the specimen presented to me by the donor that it bears the same specimen identification as set forth above, and that it has been collected labeled and sealed in accordance with applicable forensic requirements.	SPECIMEN BOTTLES RELEASED TO: Delivery Service transporting specimen to Lab Specimen Seal Intact: <input type="checkbox"/> Yes <input type="checkbox"/> No Remark _____
X _____ Signature of Collector Time of Collection _____ Print Collectors Name Date (Mo/Day/Yr)	Test Menu: THC Cutoff ___ 20ng/ml ___ 50ng/ml ___ 10 Panel Drug Screen with GC/MS ___ 5 Panel Non DOT with GC/MS ___ GC/MS Confirmation only for _____ ___ Alcohol Urine ___ Alcohol Blood ___ Miscellaneous Test _____
Received Lab: X _____ Signature of Accessioner _____ Print Name of Accessioner Date (Mo/Day/Yr)	