



CLINICAL REFERENCE LABORATORY
8433 QUIMRA • LENEXA, KANSAS 66215

COMPREHENSIVE CARE



SPECIMEN ID NO. **2020073601**

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE: 58801452-01

A. Employer Name, Address, I.D. No. ACGT: UCC COMP. REF1 COMPANY NAME ADDR CITY: ST: ZIP: FX:		B. MFO Name, Address, Phone and Fax No. DR FRANK MESSANA 7501 W 15TH AVE GARY, IN 46406 PH: 219-977-2090 FX: 219-977-2091	
C. Donor I.D. No.		Donor Name (F M L U)	
D. Reason for Test: <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up		<input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Other (specify)	
E. Drug Tests to be Performed: () P705 (SDSP) () P710 (10DSP) () P711 (9DSP) () P854 (10DSP/GAM/ECBT)			
F. Collection Site Name and Address: Name: Collector Phone No. Address: Collector Fax No. City, St, Zip:			

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? <input type="checkbox"/> Yes <input type="checkbox"/> No, enter remark	Specimen Collection (CHECK ALL THAT APPLY) <input type="checkbox"/> Urine Split <input type="checkbox"/> Saliva <input type="checkbox"/> Urine Single <input type="checkbox"/> Blood	<input type="checkbox"/> Observed (Enter Remark)
REMARKS:		

STEP 3: Collector affixes container seal(s) to container(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 4:

STEP 4: COMPLETED BY DONOR

I consent to have my specimen collected by the named collector, analyzed, including drug analysis, by Clinical Reference Laboratory, Inc., its employees, agents, and/or representatives ("CRL"); and the results of that analysis made available to the above named Company/Employer and/or their designee. I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; that each specimen container used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen container is correct.

Date of Collection: / / 20 Mo. Day Year	()	Daytime Phone No.	X	Signature of Donor
Date of Birth: / / Mo. Day Year	()	Evening Phone No.		
				SPECIMEN ID NO. 2020073601

STEP 5: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section in step 4 of this form was collected, labeled, sealed and released to the Delivery Service noted.

Signature of Collector (PRINT) Collector's Name (First, MI, Last)	Time and Date of Collection : : AM PM / / 20 Mo. Day Year	SPECIMEN CONTAINER(S) RELEASED TO: <input type="checkbox"/> Fed Ex <input type="checkbox"/> UPS <input type="checkbox"/> Courier <input type="checkbox"/> Other
Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last)	Date: / / 20 Mo. Day Year	SPECIMEN CONTAINER(S) RELEASED TO: Primary Specimen Container Seal Intact <input type="checkbox"/> Yes <input type="checkbox"/> No, enter remarks below

CRL INTERNAL USE ONLY Blood Received Serum Purple Top Grey Top Urine Also? Yes No



Peel on an upward angle across form.



Do not peel directly across form.

Date (Mo. Day Yr.)

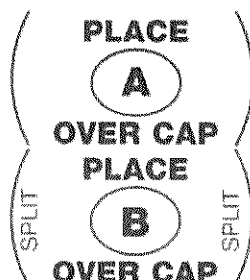
Donor's Initials

SPECIMEN CONTAINER SEAL

Date (Mo. Day Yr.)

Donor's Initials

SPECIMEN CONTAINER SEAL



2020073601
SPECIMEN ID NO.



2020073601
SPECIMEN ID NO. (SPLIT)

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES