













Chain of Custody Form
Alere Toxicology Services, Inc.
 450 Southlake Boulevard
 Richmond, VA 23236
 (804) 378-9130 (800) 977-9130

SAMPLE

| | | |
|---------------------------|-----------------------------|---|
| CLIENT INFORMATION | NAME _____ | SPECIMEN I.D. NUMBER  R3695614 |
| | ADDRESS _____ | |
| | PHONE _____ ACCOUNT # _____ | |

| | | |
|--------------|--------------------------------------|---|
| DONOR | NAME _____ | VERIFIED BY: <input type="checkbox"/> PICTURE I.D. <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> OTHER |
| | SOCIAL SECURITY OR I.D. NUMBER _____ | |

CHECK THE APPROPRIATE PANEL:

| | | | |
|--------------|---|---|---|
| TESTS | <input type="checkbox"/> 1. _____  | <input type="checkbox"/> 4. _____  | <input type="checkbox"/> 7. _____  |
| | <input type="checkbox"/> 2. _____  | <input type="checkbox"/> 5. _____  | <input type="checkbox"/> 8. _____  |
| | <input type="checkbox"/> 3. _____  | <input type="checkbox"/> 6. _____  | <input type="checkbox"/> 9. _____  |

| | | | |
|---------------------------|--|--|---|
| REASON FOR TESTING | <input type="checkbox"/> 1. PRE-EMPLOYMENT | <input type="checkbox"/> 3. POST-ACCIDENT | <input type="checkbox"/> 5. REASONABLE CAUSE |
| | <input type="checkbox"/> 2. RANDOM | <input type="checkbox"/> 4. PERIODIC MEDICAL | <input type="checkbox"/> 6. OTHER (Specify) _____ |

| | |
|------------------------------------|--|
| TEMPERATURE OF THE SPECIMEN | I have read the temperature of the specimen within 4 minutes: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Temperature is within range of 32 - 39°C / 90 - 100°F <input type="checkbox"/> YES <input type="checkbox"/> NO If not, record temperature here: _____ |

| | |
|----------------------------|-------|
| AGENT NAME / NUMBER | _____ |
|----------------------------|-------|

| | |
|-----------------|-------|
| COMMENTS | _____ |
|-----------------|-------|

CHAIN OF CUSTODY

| | | | |
|------------------------------------|---|--------------------------|------------|
| DONOR CONSENT/CERTIFICATION | I certify that I voluntarily consent to the collection and testing of my specimen, that the specimen identified on this form is my own, it is fresh and has not been adulterated in any manner. I certify that I provided my specimen to the collector, that the specimen bottle was sealed in my presence and that the information provided on this form and on the label affixed to the specimen bottle is correct. I further authorize the laboratory to release the results of this testing to my employer, prospective employer, authorized personnel or medical review officer. | | |
| | (PRINTED) DONOR'S NAME _____ | SIGNATURE OF DONOR _____ | DATE _____ |


| | | | |
|--------------------------------|--|------------------------------|------------|
| COLLECTOR CERTIFICATION | I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification above, and that it bears the same identification number on this form and it has been collected, labeled and sealed in the donor's presence. I hereby release this specimen for transport to the laboratory. | | |
| | (PRINTED) COLLECTOR'S NAME _____ | SIGNATURE OF COLLECTOR _____ | DATE _____ |

| | | | |
|--|--|--------------------------------|------------|
| LABORATORY CERTIFICATION FOR LAB USE ONLY | I certify that the specimen bottle received with this form bears the same identification number on this form and was received in a sealed bag with the bottle seal intact. | | |
| | (PRINTED) LAB ACCESSIONER'S NAME _____ | SIGNATURE OF ACCESSIONER _____ | DATE _____ |

SPECIMEN BOTTLE SEAL

PEEL 
R3695614



| | |
|---|-----------------------|
|  | R3695614 |
| Donor ID # OR SS # _____ | R3695614 |
| DATE _____ | DONORS INITIALS _____ |