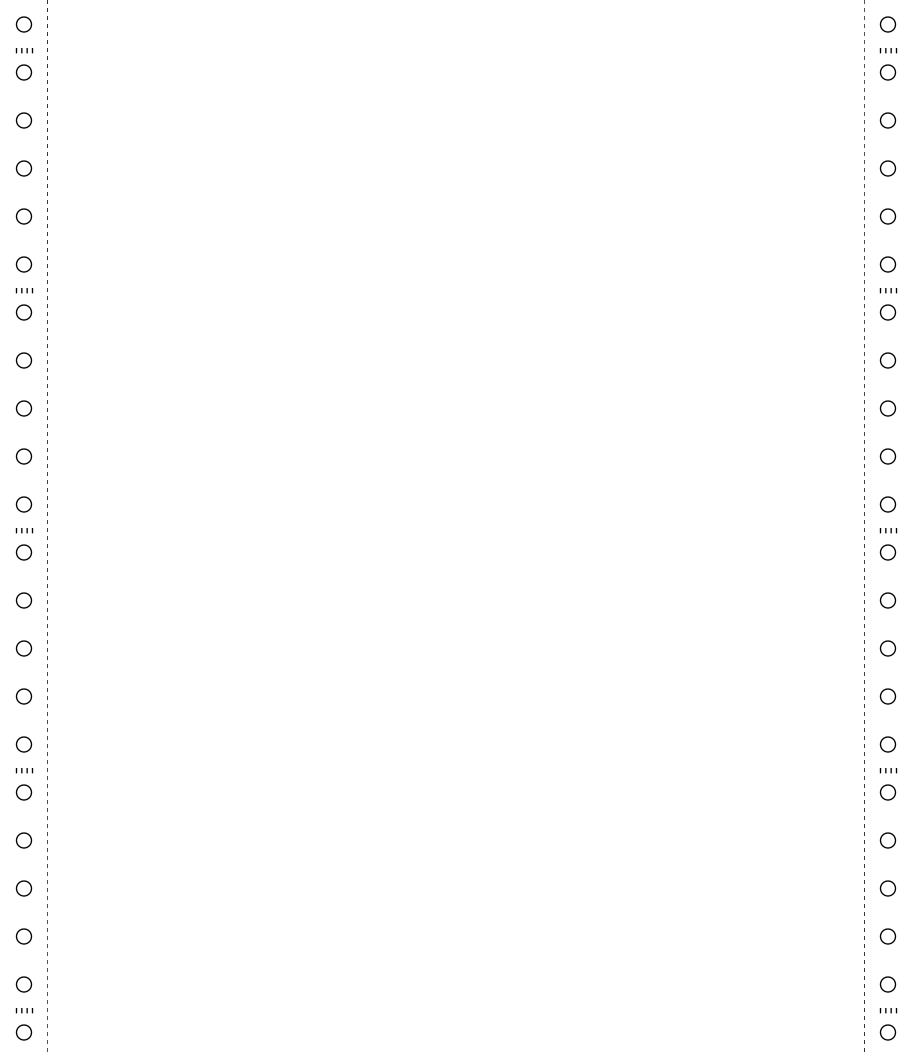
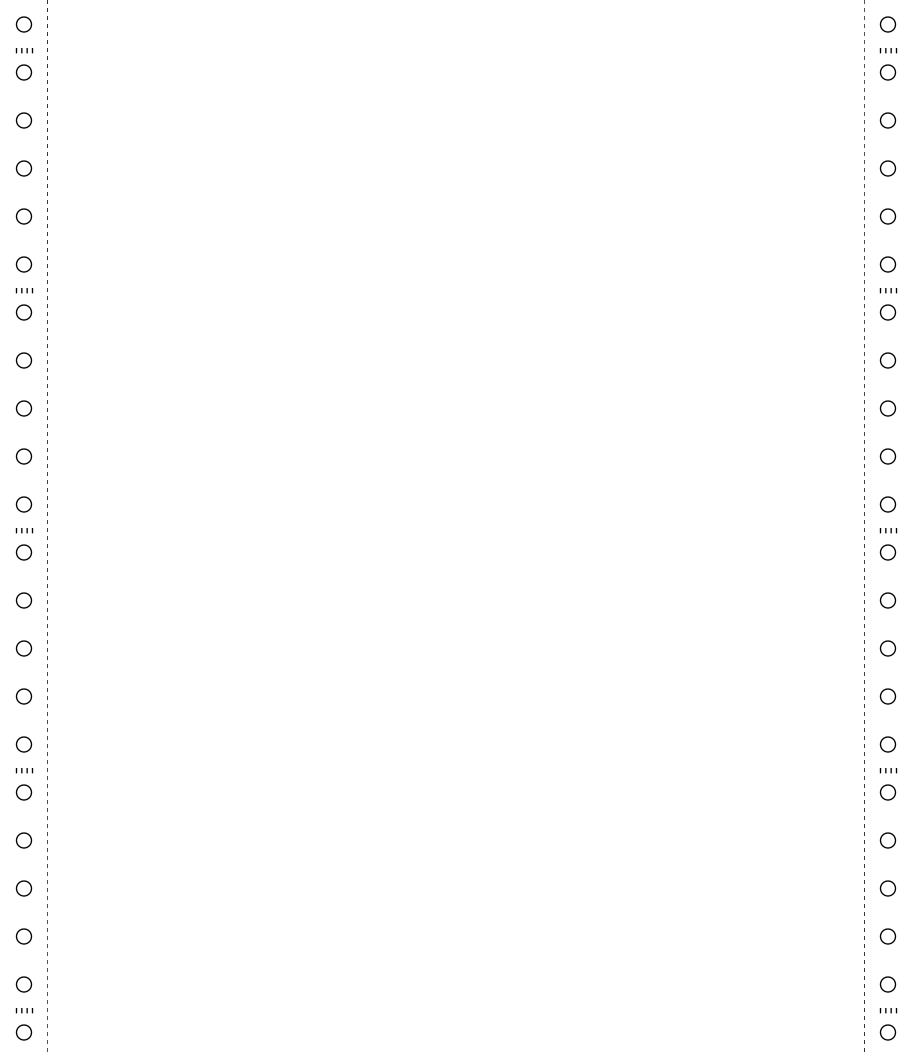
\bigcirc	FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM Quest Diagnostics	
1111	800-877-7484	
\bigcirc		
0	SPECIMEN ID NO.	
\bigcirc	STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE LAB ACCESSION NO.	
\cup	A. Employer Name, Address, I.D. No. B. MRO Name, Address, Phone No. and Fax No.	
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	A. Henris	
\circ		
	C. Donor SSN or Employee I.D. No.	<u>-</u> !
\bigcirc	D. Reason for Test: Pre-employment (1) Random (3) Reasonable Suspicion/Cause (5) Post-Accident (2) Promotion (22) Return to Duty (6) Follow-up (23) Other (specify) (99)	
1111	E. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC & COC Only Other (specify)	
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	F. Collection Site Name: Collection Site Code:	
\circ	Address: Collector Phone No.:	= O
	City, State and Zip: Collector Fax No.: Collector Fax No.: STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.	
0	Temperature between 90° and 100° F? Yes No, Enter Remark Collection: Split Single None Provided, Enter Remark Observed, (Enter Remark)	
\circ	STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy) STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY	
	I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements. SPECIMEN BOTTLE(S) RELEASED TO: Quest Diagnostics Courier	ი -
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\bigcirc	(Print) Collector's Name (First, MI, Last) Date (Mo./Day/Yr.) Time of Collection Name of Delivery Service	< ~
\cup	RECEIVED AT LAB OR IITF: Primary Specimen SPECIMEN BOTTLE(S) RELEASED TO: Continue Continu	
	Signature of Accessioner / / If No. Enter remarks	
\circ	(Print) Accessionar's Name (First MI Last)	
	SIEP 3A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST PACILITY	5 1
\circ	☐ DILUTE ☐ Cocaine Metabolite (BZE) ☐ Morphine ☐ Amphetamine ☐ MDA	= 1
	PCP ☐ Codeine ☐ MDEA	
	PCP Codeine MDEA REJECTED FOR TESTING ADULTERATED SUBSTITUTED INVALID RESULT	
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(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Signature of Medical Review Officer

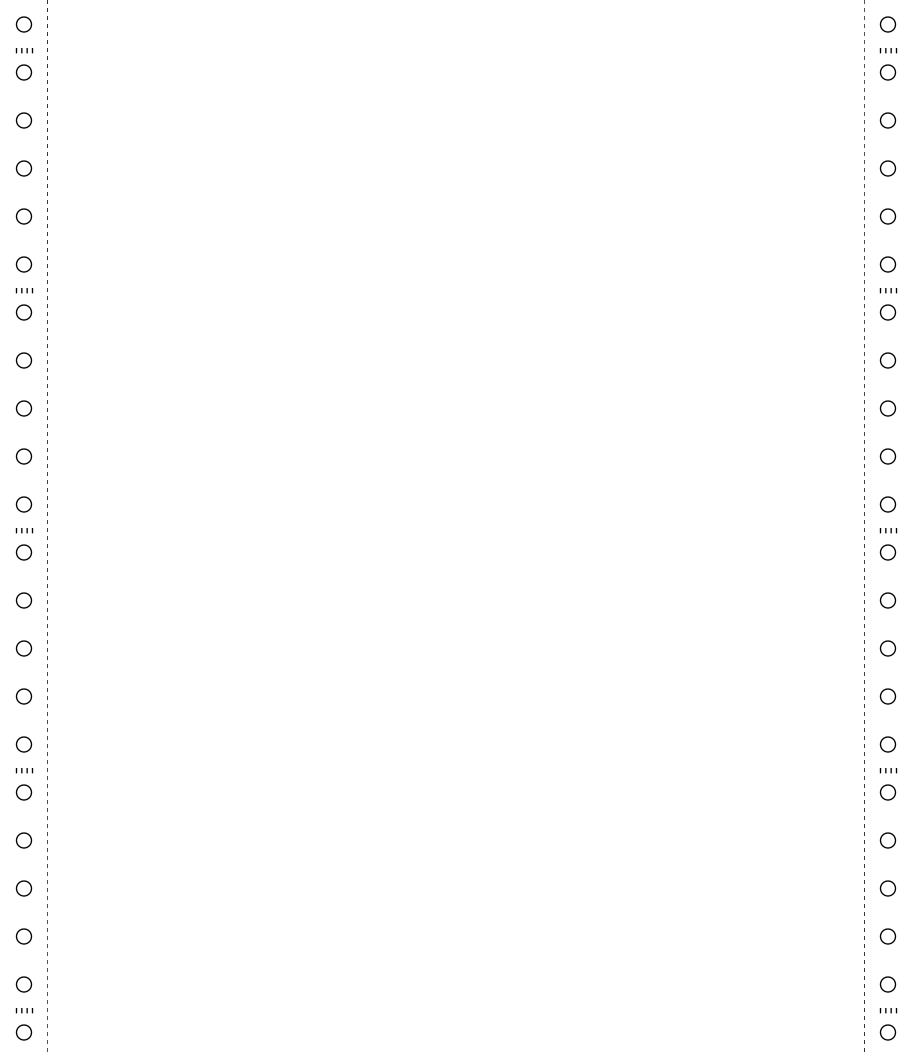


A. Employer Name, Address, I.D. No. B. MRO Name, Address, Phone No. and Fax No.	A. Employer Name, Address, I.D. No. B. MRO Name, Address, Phone No. and Fax No. C. Donor SSN or Employee I.D. No. D. Reason for Test: Pre-employment (1) Random (3) Reasonable Suspicion/Cause (5) Post-Accident (2) Promotion (22) Return to Duty (6) Follow-up (23) Other (specify) (99)	
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TEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY Country that the specimen given to me by the donor identified in the conflictions color on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements. X		1
Signature of Collector Print Collector's Name First, M , Last) Date Mo. Day'r . Time of Collecton Name of Delivery Service TEP 5: COMPLETED BY DONOR Name of Delivery Service Contrib, that provided my urine specimen to the collector; that 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 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'y'). After the Medical Review Officer receives the test results for the specimen identified by this form, halfshe may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOTH NECESSARY. If you choose on make a list, of so effects, on effects, on the prescription of th	TEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was selected labeled and released to the Delivery Consider noted in secondary with applicable requirements. SPECIMEN BOTTLE(S) RELEASED TO:	1 1 1 1
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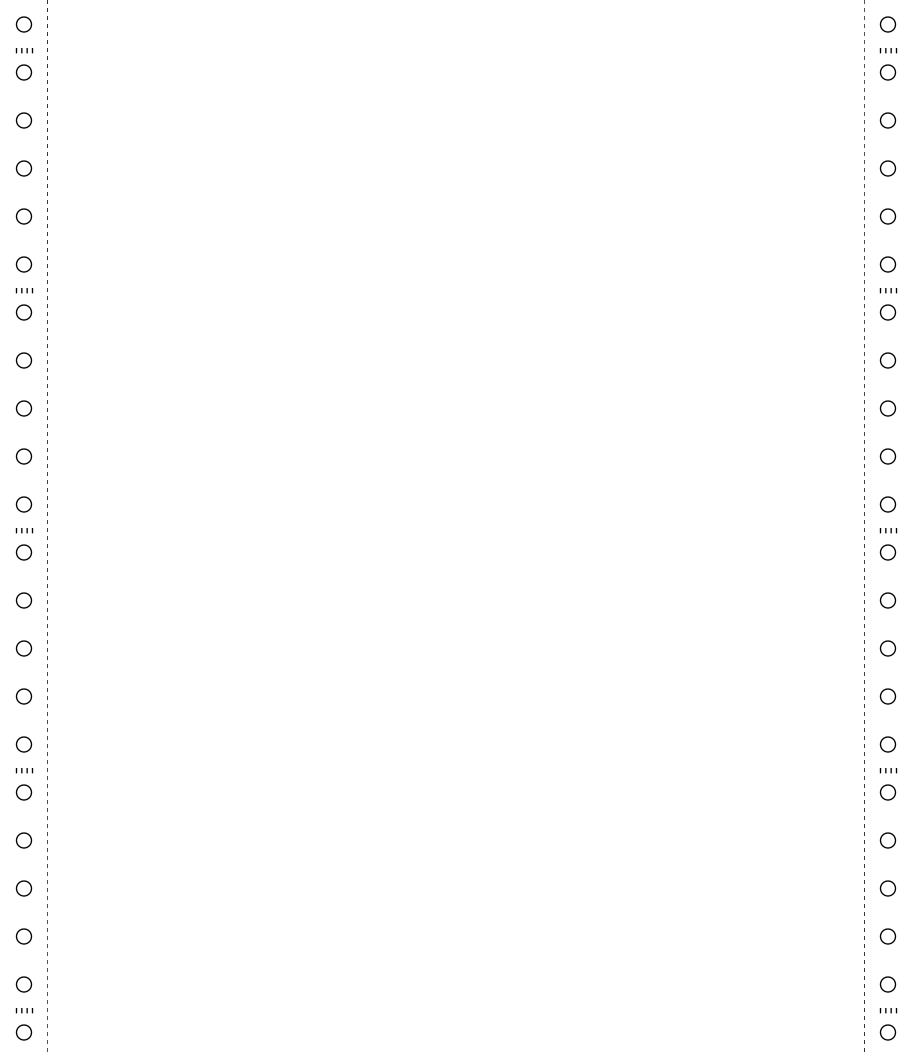
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SPECIMI	EN ID NO.		
TEP 1: COMPLETED BY COLLECTOR OR E	MPLOYER REPRESENTATIVE	LAB ACCESSIO	ON NO.
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City, State and Zip:		Collector Fax No.:	
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Signature of Donor (PRINT) Donor's Name (First, MI, Last) Date (Mr. Last) Mo. D. NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). – DO NOTHIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU. EP 6: COMPLETED BY MEDICAL REVIEW OFFICER – PRIMARY SPECIMEN	amper-evident seal	t 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-evide ence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.
Evening Phone No. () Mo. D Mo. D Mo. D Mo. D The Second Phone No. () Evening Phone No. () Mo. D Mo. D Mo. D Mo. D Mo. D Evening Phone No. () Mo. D Mo.	/ /	
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	out prescriptions ecords. THIS LIST	Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescripthe-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THISECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). – DO NOT PRIRMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

INSTRUCTIONS FOR COMPLETING DRUG TESTING CUSTODY AND CONTROL FORM A Collector ensures that the name and address of the drug testing laboratory appear on the top of the CCF and the Specimen I.D. number on the top of the CCF matches the specimen I.D. number on the B Collector provides the required information in STEP 1 on the CCF. The collector provides the remark in STEP 2 if the donor refuses to provide his/her SSN or Employee I.D. number. C Collector gives a collection container to the donor for providing a specimen. D After the donor gives the specimen to the collector, the collector checks the temperature of specimen within 4 minutes and marks the appropriate temperature box in STEP 2 on the CCF. The collector provides a remark if the temperature is outside the acceptable range. Collector checks the split or single specimen collection box. If no specimen is collected, that box is checked and a remark is provided. If it is an observed collection, that box is checked and a remark is provided. If no specimen is collected, Copy 1 is discarded and the remaining copies are distributed as required. Donor watches the collector pouring the specimen from the collection container into the specimen bottle(s), placing the cap(s) on the specimen bottle(s), and affixing the label(s)/seal(s) on the specimen G Collector dates the specimen bottle label(s) after they are placed on the specimen bottle(s). H Donor initials the specimen bottle label(s) after the label(s) have been placed on the specimen bottle(s). Collector turns to COPY 2 (MRO Copy) and instructs the donor to read the certification statement in STEP 5 and to sign, print name, date, provide phone numbers and date of birth after reading the certification statement. If the donor refuses to sign the certification statement, the collector provides a remark in STEP 2 on Copy 1. Collector completes STEP 4 (i.e. provides signature, printed name, date, time of collection, and name of delivery service), immediately places the sealed specimen bottle(s) and Copy 1 of the CCF in a leak-proof plastic bag, releases specimen package to the delivery service, and distributes the other copies as outlined in the standard operating procedure manual as required.