

CHAIN OF CUSTODY FORM

DTS - RARITAN  
LABCORP  
69 FIRST AVENUE  
RARITAN, NJ 08869  
1100

Customer Service: 800-437-4986



SPECIMEN ID NO. 0699958070

LAB ACCESSION NO.

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and I.D. No. DENVILLE BOARD OF ED  
ATTN SUPT  
1 ST. MARY'S PLACE, 2ND FLOOR  
DENVILLE NJ 07834  
973-983-6530  
FAX: 973-784-4778

B. MRO Name, Address, Phone and Fax No. 29823460

C. Donor SSN or Employee I.D. No. \_\_\_\_\_

D. Reason for Test:  Pre-Employment  Random  Reasonable Suspicion/Cause  Post Accident  Periodic  Other \_\_\_\_\_

E. Collection Site Address: \_\_\_\_\_

F. Donor Identification Verified By:  Photo I.D.  Employer Representative

Collector Phone No. \_\_\_\_\_  
Collector Fax No. \_\_\_\_\_

STEP 2: TO BE COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100°F?  Yes  No, Enter Remark Below Split Specimen Collection  Yes  No

REMARKS:

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).

STEP 4: TO BE COMPLETED BY COLLECTOR AND DONOR

G. Daytime Phone No. ( ) Evening Phone No. ( ) Date of Birth / /

H. TEST(S) REQUESTED BY EMPLOYER:  
[] 799676 - DRUG PROFILE

**SAMPLE**

**PLEASE NOTE YOU MUST PICKUP A CARBON COPY FROM THE BOARD OFFICE**

I authorize the collection of this specimen for the purpose of a drug screen. I acknowledge that the specimen container(s) was/were sealed with tamper-proof seal(s) in my presence; and that the information provided on this form and on the label(s) affixed to the specimen container(s) is correct. I authorize the laboratory to release the results of the test to the company identified on this form or its designated agents.

(PRINT) DONOR'S NAME (FIRST, MI, LAST) SIGNATURE OF DONOR MONTH DAY YEAR

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

I certify that the specimen given to me by the donor identified on this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

Signature of Collector Time of Collection AM PM  
Date (Mo/Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:  
Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB:  Signature of Accessioner Date (Mo/Day/Yr.)

Primary Specimen Bottle Seal Intact  Yes  No, Enter Remark Below

SPECIMEN BOTTLE(S) RELEASED TO:

Printed: 04/22

**CONTAINER SEAL**

DTS - RARITAN 1100

0699958070

Bottle A  
Bottle B (SPLIT)

0699958070

0699958070

**A** DATE DONOR'S INITIALS  
**B SPLIT** DATE DONOR'S INITIALS

NOTE POSITION OF BARCODE STARTS AT BOTTOM OF CONTAINER AS SHOWN HERE.

# INSTRUCTIONS FOR COMPLETING CHAIN OF CUSTODY FORM

NOTE: Use a ballpoint pen, press hard, and check all copies for legibility.

- A. Collector ensures that the name and address of the drug testing laboratory appears on top of the CCF and the Specimen I.D. number on the top of the CCF matches the Specimen I.D. number on the labels/seals.
- B. Collector provides the required information in STEP 1 on the CCF. The collector provides a 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 the specimen within 4 minutes and marks the appropriate temperature box in STEP 2 on the CCF. The collector provides a remark if the specimen temperature is outside the acceptable range.
- E. Collector checks the split or single specimen collection box. If no specimen is collected, then a remark is provided.
- F. 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 bottle(s).
- 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).
- I. Complete any additional information requested in STEP 4
- J. Collector completes STEP 5 (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 required.

SAMPLE

~~PLEASE NOTE YOU MUST PICKUP A CARBON COPY FROM THE BOARD OFFICE~~

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

<i>I certify that the specimen given to me by the donor identified on this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.</i>		
<input checked="" type="checkbox"/> <i>Connie Collector</i> <small>Signature of Collector</small>	10:00 <sup>AM</sup> PM <small>Time of Collection</small>	SPECIMEN BOTTLE(S) RELEASED TO:  <i>ABC Courier Service</i> <small>Name of Delivery Service Transferring Specimen to Lab</small>
<i>Connie Collector</i> <small>(PRINT) Collector's Name (First, MI, Last)</small>	9/ 19 /00 <small>Date (Mo/Day/Yr.)</small>	