## CHAIN OF CUSTODY FORM

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

Customer Service: 800-437-4986



PECIMEN ID NO. U b

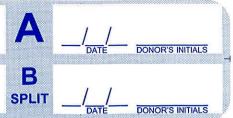
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LAB ACCESSION NO.

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESE	NTATIVE			
A. Employer Name, Address and I.D. No. DENVILLE BOARD OF ED ATTN SUPT	B. MR	O Name, Address, F	Phone and Fax No.	29823460
1 ST. MARY'S PLACE, END FLOOR DENVILLE NJ 07834 973-983-6530				
FAX: 973-784-4778		FAX	22	
Location				
C. Donor SSN or Employee I.D. No.				
D. Reason for Test: ↑ Pre-Employment ☐ Random ☐ Reasonab E. Collection Site Address:	ole Suspicion/Caus	e Post Accident	□ Periodic □ O	ther
		Collector Phon	e No.	
F. Donor Identification Verified By: ☐ Photo I.D. ☐ Employe	r Representative	Collector Fax N	No.	V
STEP 2: TO BE COMPLETED BY COLLECTOR				
Read specimen temperature within 4 minutes. Is temperature between 90	0° and 100°F? □Ye	es No, Enter Rema	ark Below Split Speci	men Collection □Yes □No
REMARKS:			1-1	Wala anal/a)
STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector at STEP 4: TO BE COMPLETED BY COLLECTOR AND DONOR	mixes bottle seal(s) t	o bottle(s). Collector	dates seal(s). Donor ini	itiais seai(s).
G. Daytime Phone No. () Evening P	Phone No. ()		Date of Bir	rth
PLEASE NOTE YOU MUST PICKUP	A CARBON	COPY FROM	THE BOARD	<u>OFFICE</u>
I authorize the collection of this specimen for the purpose of a drug screen. I presence; and that the information provided on this form and on the label(s) a the test to the company identified on this form or its designated agents.	acknowledge that th affixed to the specim	e specimen container( en container(s) is corre	s) was/were sealed with ect. I authorize the labor	tamper-proof seal(s) in my ratory to release the results of
				<u> </u>
(PRINT) DONOR'S NAME (FIRST, MI, LAST)	The state of the s	E OF DONOR	MONTH	DAY YEAR
STEP 5: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND			at and released to t	ha Dalivani Sanisa natad i
I certify that the specimen given to me by the donor identified on accordance with applicable requirements.	AM SPE	CIMEN BOTTLE(S	S) RELEASED TO:	ne Delivery Service Hoted I
Signature of Collector Time of Coll	ection			
(PRINT) Collector's Name (First, MI, Last) Date (Mo/Da	ay/Yr.)	Name of D	elivery Service Transferring Spe	ecimen to Lab
RECEIVED AT LAB:		mary Specimen	SPECIMEN BOTTLE	E(S) RELEASED TO:
Signature of Accessioner	☐ Ye			
(PRINT) Accessioner's Name (First, MI, Last)  Date (Mo/Date)	ay/Yr.) No	, Enter Remark Below		
Printed: 04/22				
CONTAINER SEAL				7 4
CONTAINER SEAL				A

DTS - RARITAN 1100







## 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. PLEARE NOTE & SUM USE THE SUM A SARE PARTIES BOARD PERIODE BOARD PROBLEM BOARD PROBLEM BAREN FROM THE BOARD PROBLEM BAREN FROM THE BOARD PROBLEM BAREN BAREN FROM THE BOARD PROBLEM BAREN FROM THE BOARD PROBLEM BAREN BAREN FROM THE BOARD PROBLEM BAREN BAREN
- 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.

STEP 5: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY					
I certify that the specimen given to me by the donor ide	entified on this form was	collected, labeled, sealed, and released to the Delivery Service noted in			
accordance with applicable requirements.	(MA)	SPECIMEN BOTTLE(S) RELEASED TO:			
X Conrie Collector	10:00 AM				
Signature of Collector	Time of Collection	1000 . 0 .			
Connie Collector	9/ 19 /00	ABC Courier Service			
(PRINT) Collector's Name (First, Mt, Last)	Date (Mo/Day/Yr.) 8	Name of Delivery Service Transferring Specimen to Lab			