

BENDINER & SCHLESINGER, INC**FORENSIC TOXICOLOGY DEPARTMENT**

THIRD AVENUE AND TENTH STREET • NEW YORK, NY 10003

TEL: (212) 353-5111 FAX (212) 598-0907

**DRUG TESTING CUSTODY AND CONTROL FORM
(CHAIN OF CUSTODY FORM)**

TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE				
1. EMPLOYER NAME, ADDRESS, AND IDENTIFICATION NUMBER ABC 794-7 FDNY				
2. MEDICAL REVIEW OFFICER NAME AND ADDRESS 		3. ANY MEDICATIONS TAKEN? ☐ YES ☐ NO IF YES, PLEASE LIST		
4. TEST FOR: ☐ Urine Drug Screen Panel 1: Amphetamines, Barbiturates, Benzodiazepines, Cannabinoids, Cocaine, Methadone, Opiates, Phenylephrine. ☐ Urine Drug Screen Panel 2: NIDA 5: Amphetamine, Cannabinoids, Cocaine, Opiates, Phencyclidine. ☐ Urine Drug Screen Panel 3: Amphetamine, Barbiturates, Cocaine, Methadone, Opiates, Phencyclidine. ☐ Urine Drug Screen Panel 4: Amphetamine, Barbiturates, Benzodiazepines, Cocaine, Methadone, Opiates, Phencyclidine. Other: <u>1 VIAL -</u> <u>LABORATORY</u> <u>DIAGNOSTIC</u>				
5. REASON FOR TEST (Check One) ☐ Pre-employment ☐ Random ☐ Post Accident ☐ Periodic Medical ☐ Reasonable Cause ☐ Other: (Specify):				
6. WAS TEMPERATURE OF SPECIMEN TAKEN? ☐ Yes ☐ No WAS TEMPERATURE WITHIN RANGE of 32.5°-37.7°C (90.5°-99.9°F within 4 minutes? ☐ Yes ☐ No IF NOT, RECORD ACTUAL TEMP:				
TO BE COMPLETED BY PERSON COLLECTING SPECIMEN AFTER DONOR HAS COMPLETED SECTION B - (See Copy 3 of Form)				
7. COLLECTOR'S NAME - PRINT (first, middle, last) 		COLLECTOR'S SIGNATURE 		
8. COLLECTION SITE LOCATION (IF DIFFERENT FROM ABOVE) 		DATE OF COLLECTION 		
9. NAME CONCERNING COLLECTION: 		COLLECTION SITE PHONE NUMBER AREA CODE ()		
I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification on Copy 3 of this form, that it bears the same identification number as that set forth above, and that it has been collected, labeled and sealed as in accordance with applicable requirements.				
TO BE COMPLETED BY DONOR				
SEE SECTION 8 BELOW				
TO BE INITIATED BY COLLECTOR OR AND COMPLETED AS NECESSARY THEREAFTER				
10. DATE 	Time 	RELEASED BY-Signature-Print Name -DONOR-	RECEIVED BY-Signature-Print Name 	PURPOSE OF CHANGE Provide Specimen for Testing Released for Transport to Lab Received at Lab
11. RECEIVED AND ACCESSIONED AT LABORATORY		BOTTLE SEAL INTACT? ☐ YES ☐ NO		
TO BE COMPLETED BY EMPLOYEE OR APPLICANT PROVIDING SPECIMEN				
DONOR SHALL COMPLETE INFORMATION IN SECTION 8 OF COPY 3 (PINK)				
NAME (last, first, middle) 		DAYTIME PHONE NUMBER 		DATE OF BIRTH
DONOR CERTIFICATION: I certify that I provided my urine specimen to the collector; that the specimen bottle was sealed with a tamper-proof seal in my presence; and that the information provided on this form as to the label affixed to the specimen bottle is correct.				
SIGNATURE: _____ DATE: _____				
Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will 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 as a "memory jogger." THIS LIST IS 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 4-Donor) of this form-DO NOT LIST ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE YOUR COPY WITH YOU.				

COPY 6 - EMPLOYER