

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

Dyna Diagnostics Toxi Health Laboratory  
1777 North Meade Street  
South City, KS 60609

SPECIMEN ID NO. **0000001**

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

ACCESSION NO.

A. Employer Name, Address, I.D. No. **ACME Transit**  
55 Broadway Road  
Springfield, NE 99919  
ID# 73765201

B. MRO Name, Address, Phone No. and Fax No. **Dr. Randall Clark**  
655 Main Street  
Omaha, NE 99876  
Phone: 372-885-9604 Fax: 372-885-9027

C. Donor SSN or Employee I.D. No. **123-45-6789**

D. Specify Testing Authority:  HHS  NRC  DOT - Specify DOT Agency:  FMCSA  FAA  FRA  FTA  PHMSA  USCG

E. Reason for Test:  Pre-employment  Random  Reasonable Suspicion/Cause  Post Accident  Return to Duty  Follow-up  Other (specify) \_\_\_\_\_

F. Drug Tests to be Performed:  THC, COC, PCP, OPI, AMP  THC & COC Only  Other (specify) \_\_\_\_\_

G. Collection Site Address: **Geturco**  
4301 Powers Rd.  
Smithfield, NE 99724

Collector Phone No. **505-403-1655**  
Collector Fax No. **505-403-1919**

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.

Temperature between 90° and 100° F?  Yes  No, Enter Remark \_\_\_\_\_

Collection:  Split  Single  None Provided, Enter Remark \_\_\_\_\_  Observed, Enter Remark \_\_\_\_\_

REMARKS

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 Federal requirements.

**x Richard K. Anderson**  
Signature of Collector

**Richard K. Anderson**  
(PRINT) Collector's Name (First, MI, Last)

**7/13/12 10:17**  
Date (Mo/Day/Yr) Time of Collection

**AM**  
PM

**FedEx - UPS Co.**  
Name of Delivery Service

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that 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-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 Roberta Gomez**  
Signature of Donor

**Roberta Gomez**  
(PRINT) Donor's Name (First, MI, Last)

**7/13/12**  
Date (Mo/Day/Yr)

Daytime Phone No. **(555) 494-3131** Evening Phone No. **(555) 617-4424** Date of Birth **12/22/77**  
(Mo/Day/Yr)

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she 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 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 NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my verification is:

NEGATIVE  POSITIVE for: \_\_\_\_\_

DILUTE

REFUSAL TO TEST because - check reason(s) below: \_\_\_\_\_  TEST CANCELLED

ADULTERATED (adulterant/reason): \_\_\_\_\_

SUBSTITUTED

OTHER: \_\_\_\_\_

REMARKS: \_\_\_\_\_

**X**  
Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo/Day/Yr)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable Federal requirements, my verification for the split specimen (if tested) is:

RECONFIRMED for: \_\_\_\_\_  TEST CANCELLED

FAILED TO RECONFIRM for: \_\_\_\_\_

REMARKS: \_\_\_\_\_

**X**  
Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo/Day/Yr)

## Federal Transit Administration Drug and Alcohol Program

### UNEVENTFUL URINE COLLECTION – Did the collector ...

- Require employee to provide positive identification (Part 40.61(c)).
- Explain basic collection procedure, show employee instructions on back of CCF (Part 40.61(e)).
- Direct the employee to remove outer clothing (jacket, hat) and to leave these garments and other personal items (briefcase, purse, etc.) in a mutually agreeable location (Part 40.61(f)).
  - Advises employee that failure to comply constitutes a refusal to test.
  - Allows employee to keep wallet (40.61(f)(2)).
- Direct employee to empty pockets and display items in them (Part 40.61(f)(4)).
  - If no potential adulterants are found, allow employee to return items to pockets.
- Use the Federal Drug Testing Custody and Control Form (OMB No. 0930-0158) (40.45(a)).
- Complete Step 1 of CCF (Part 40.63(a)).
  - Ensure that the name and address of the HHS-certified lab or HHS-certified IITF are on the top of the CCF.
  - Ensures that the Specimen ID at the top of the CCF matches the Specimen ID on labels/seals.
  - Checks the Specify Testing Authority (DOT) and the Specify DOT Agency checkboxes.
  - Checks the Reason for Test box (Pre-Employment, Random, Post-Accident, etc.).
  - Checks the Drug Tests to Be Performed box (THC, COC, PCP, OPI, AMP for DOT).
- Instruct employee to wash/dry hands and not to wash hands again until delivering specimen to collector (Part 40.63(b)).
- Ensure collection container is selected and unwrapped in presence of employee (Part 40.63(c)).
- Secure urination facility before the collection (If single-toilet room with a full-length privacy door) (Parts 40.41 & 43).
  - Secures any water sources or make them unavailable to employees (e.g., turn off water inlet, tape handles to prevent opening faucets).
  - Ensures that the water in the toilet tank contains bluing agent.
  - Ensures that soap, disinfectants, cleaning agents, or other possible adulterants are not present.
  - Inspects the site to ensure that no foreign or unauthorized substances are present.
  - Tapes or otherwise securely shuts any movable toilet tank or puts bluing agent in the tank.
  - Ensures that undetected access (e.g., through a door not in your view) is not possible.
  - Secures areas and items (e.g., ledges, trash receptacles, paper-towel holders, under-sink areas, drop-down ceiling panels) that appear suitable for concealing contaminants.
- Direct employee to go into room used for urination and instruct employee to:
  - Provide at least 45 ml of urine.
  - Not flush the toilet.
  - Return specimen to the collector as soon as the void is complete.
  - Allow only the employee into the room used for urination (40.41(d)(1)).
- Check that the specimen:
  - Contains at least 45 ml of urine. If not, follow shy bladder procedure (Part 40.65(a)).
  - Reads temperature strip within 4 minutes (Part 40.65(b)).
- Mark appropriate box in Step 2 of CCF (Yes = between 90 and 100 degrees).
- Check specimen for signs of tampering (Part 40.65).
- Check specimen for unusual color, foreign objects/material, or other signs of tampering (odor).
- Mark box in Step 2 of the CCF indicating a split specimen collection (Part 40.71(b)(1)).
- Pour at least 30 ml of urine into the primary specimen bottle (Part 40.71(b)(2)).
- Pour at least 15 ml of urine into the secondary specimen bottle (Part 40.71(b)(3)).
- Secure the lids or caps on the specimen bottles (Part 40.71(b)(4)).
- Place the tamper-evident seals on the specimen bottles (Part 40.71(b)(5)).
  - Dates the specimen bottle seals, after affixed to the bottle (Part 40.71(b)(5)).
  - Ensures that the employee initials specimen bottle seals (Part 40.71(b)(7)).
- Direct employee to read and sign certification statement on Copy (MRO) 2, Step 5 of CCF and to provide date of birth, printed name, day and evening contact telephone numbers (Part 40.71(a)(1)).
- Print collector name in Copy 1, Step 4 of CCF; record the date and time of collection; sign statement; enter actual name of delivery service transferring the specimen to laboratory (Part 40.73(a)(2)).
- Ensure that all copies of the CCF are legible and complete (Part 40.73(a)(3)).
- Remove Copy 5 of the CCF and give it to the employee (Part 40.73(a)(4)).
- Place specimen bottles and Copy 1 of CCF in plastic bag and secure both pouches of plastic bag (Part 40.73(a)(5)-(a)(6)).
- Advise employee that he/she may leave the site (Part 40.73(a)(7)).
- Place plastic bag in shipping container and seal container as appropriate (Part 40.73(a)(8)(i)-(ii)).
- Recheck the urination facility, performing all steps as was done prior to the collection to ensure the site's continued integrity.
- Conduct the collection for only one employee at a time (40.43(d)(1)).