

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO.



2057101544



CLINICAL REFERENCE LABORATORY
8433 QUIVIRA • LENEXA, KANSAS 66215

E-SCREEN

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

89160072-01

ACCESSION NO.

A. Employer Name, Address, I.D. No. PH: 316-522-5114

ACCT: ESN DOT7. 00300100. 3052
NEBRASKALAND TIRE COMPANY
2904 S SPRUCE ST
WICHITA, KS 67216-2434

B. MRO Name, Address, Phone No. and Fax No. MRO1840

DR STEPHEN KRACHT
8140 WARD PARKWAY, STE 275
KANSAS CITY, MO 64114
PH: 888-382-2281 FX: 913-469-4029

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

D. Specify Testing Authority: HHS NRC 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:

Collector Phone No.

Collector Fax No.

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.

SPECIMEN BOTTLE(S) RELEASED TO:

Signature of Collector

AM
PM

(PRINT) Collector's Name (First, MI, Last)

Date (Mo/Day/Yr)

Time of Collection

Name of Delivery Service

RECEIVED AT LAB OR IITF:

Signature of Accessioner

(PRINT) Accessioner's Name (First, MI, Last)

Date (Mo/Day/Yr)

Primary Specimen Bottle Seal Intact
 YES NO
If NO, Enter remark in Step 5A.

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST FACILITY

NEGATIVE POSITIVE for: Marijuana Metabolite (Δ9-THCA) Methamphetamine MDMA 6-Acetylmorphine OXYC HYC
 DILUTE Cocaine Metabolite (BZE) Amphetamine MDA Morphine OXYM HYM
 PCP Codeine
 REJECTED FOR TESTING ADULTERATED SUBSTITUTED INVALID RESULT

REMARKS:

Test Facility (if different from above):

I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

Signature of Certifying Technician/Scientist

(PRINT) Certifying Technician/Scientist's Name (First, MI, Last)

Date (Mo/Day/Yr)

STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY

Laboratory Name

Laboratory Address

RECONFIRMED FAILED TO RECONFIRM - REASON

I certify that the split specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

X

Signature of Certifying Scientist

(PRINT) Certifying Scientist's Name (First, MI, Last)

Date (Mo/Day/Yr)



2057101544

SPECIMEN ID NO.

A

PLACE OVER CAP

2057101544
SPECIMEN BOTTLE SEAL

Date (Mo. Day Yr.)

Donor's initials



2057101544

SPECIMEN ID NO.

(SPLIT)

PLACE OVER CAP

2057101544
SPECIMEN BOTTLE SEAL

Date (Mo. Day Yr.)

Donor's Initials



Peel on an upward angle across form.



Do not peel directly across form.