FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

Courtesy for Phoenix VA HCS #644 Uneventful collection

Minneapolis VAMC 1 Veterans Drive

Forensic Toxicology Drug Testing Laboratory

SPECIMEN ID NO. 1562101

Forensic Toxicology Lab Minneapolis, MN 55417

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE		ACCESSIO	ON NO.	
A. Employer Name, Address, I.D. No. Phoenix VA HCS #649	B. MRO Name, Address, MRO of recor	Phone No. and F	ax No. record	
650 E. Indian School Rd.	Address on re			
Phoenix, AZ 85012				
C. Donor SSN, Employee I.D., or CDL State and No. $SS\#123456789$	•			
D. Specify Testing Authority: K HHS NRC Specify DOT Agency:	☐ FMCSA ☐ FAA ☐	J FRA 🔲 FTA	☐ PHMSA ☐ USCG	
E. Reason for Test: ▼ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause	Post Accident Return	ı to Duty ∐Follow	-up Other (specify)	
F. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC & CO	OC Only	. ,		
G. Collection Site Address:  My VA street	Collector Contact Info		llector's (Service admin phon	
My VA City/ST/Zip		. GX	ollector's (Service admin fax)	
	<b>∇</b> URINE Γ	Other	un.	
STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).	NINE [	ORAL FLU	ייי	
COLLECTION: Split Single None Provided, Enter Remark.  URINE: Collector reads urine temperature within 4 minutes. Temperature between	en 90° and 100° E2 🖅 Vo		amark [] Observed Ester Dan	
	evice Within Expiration Date			
REMARKS:		2. <u> </u>	/ LJ volume maleator(e) ebse	
STEP 3: Collector affixes seal(s) to bottle(s)/tube(s). Collector dates seal(s).	Donor initials seal(s). Dou	or completes S	TEP 5 on Cony 2 (MRO Cony)	
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETE	D BY TEST FACILITY	ioi oompietes o	rai o on copy 2 (mixe copy)	
I certify that the specimen given to me by the donor identified in the certification section was collected, labeled, sealed and released to the Delivery Service noted in accordance with a	on on Copy 2 of this form applicable federal requirements	SPECIMEN BO	DTTLE(S)/TUBE(S) RELEASED	TO:
X My Name		UPS		
Signature of Collector	AM			
My Name Today	Time PM			
(PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr)	Time of Collection		Name of Delivery Service	
RECEIVED AT LAB OR IITF:	P	rimary Specimen Seal Intact	SPECIMEN BOTTLE(S)/TUBE RELEASED TO:	(S)
Signature of Accessioner		YES   NO	Nama Nama Nama Nama Nama Nama Nama Nama	
		NO, Enter remark		
(PRINT) Accessioner's Name (First, MI, Last)  Primary/Single Specimen Device Expiration Date: / /	Bato (morbay/11)	Step 5A.		
(Mo/Day/Yr)	Split Specimen De	vice Expiration D	ate: / / (Mo/Day/Yr)	
STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST FACILITY  REJECTED FOR TESTING ADD	U TERATER 514			
☐ DILUTE	ILTERATED S	SUBSTITUTED	☐ INVALID RESULT	
POSITIVE for:  Analyte(s) in ng/mL				
REMARKS:				
Test Facility (if different from above) :				
I certify that the specimen identified on this form was examined upon receipt, handled using chain of	of custody procedures, analyzed,	and reported in acco	rdance with applicable federal requirem	nents.
X Signature of CertifyIng Technician/Scientist (F	DDNT A de la Table (O. I.			,
STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY	PRINT) Certifying Technician/Scien	itist's Name (First, Mi	, Last) Date (Mo/Day/Yr)	
	RECONFIRM - REASON		W-u-f	
Laboratory Name  I certify that the split specimen idential analyzed, and reported in accordance with	ified on this form was examine	d upon receipt, ha	ndled using chain of custody proced	dures,
	арриского годона годинетиств.			
Laboratory Address Signature of Certifying Scientist	(PRINT) Certify	ring Scientist's Name (F	iret MI Last\ Data (Mal/Dav/Vs)	
	( init) certify	Golomore Mane (F	First, MI, Last) Date (Mo/Day/Yr)	
Date (Mo/Day/Yr) PLACE				
1562101 SPECIMEN A Donor's Initials  OVER CAP	1 1			
DOTOR'S FINISHS	ŧ			
Date (Mo/Day/Yr)  Date (Mo/Day/Yr)  OVER	\$ -1 -1			

### FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

**DONOR 1** 

Uneventful Courtesy for Phoenix VA

Minneapolis VAMC 1 Veterans Drive

Forensic Toxicology Drug Testing

1562101

Forensic Toxicology Lab Minneapolis, MN 55417

Date (Mo/Day/Yr)

Laboratory		21U1	40	CECCION NO	
TEP 1: COMPLETED BY COLLECTOR  A. Employer Name, Address, I.D. No.	OR EMPLOYER REPRESENTAL		Address, Phone N	CESSION NO.	4 3 A A
. Employer Name, Address, I.D. No.		D. WITO Mastic, A	radicas, i none iv	o, and rax res.	y <sup>y</sup> i
_ ,			***		
	ON COP	IED F	RON	A COI	<b>9</b> Y 1
. Donor SSN, Employee I.D., or CDL St					
. Specify Testing Authority: HHS		ency: FMCSA   I			
. Reason for Test: Pre-employment				•	
Drug Tests to be Performed:	C, COC, PCP, OPI, AMP	C & COC Only	Other (specify)		
. Collection Site Address:		Collector Co			
			Fax Other		
TEP 2: COMPLETED BY COLLECTOR	₹ (make remarks when appropria	ate). 🔲 URINE	E URA	L FLUID	
COLLECTION: Spit sin le JRINE: Collector réads urine temperat			-? ☐ Yes ☐ No,	Enter Remark [ Cos	erveti, Enter Remark
DRAL FLUID: Split Type: 🔲 Serial 🔲	Concurrent Subdivided E	ach Device Within Expir	ation Date? 🗌 Ye	es 🗌 No 🔃 Volume	Indicator(s) Observed
REMARKS:					
TEP 3: Collector affixes seal(s) to bot TEP 4: CHAIN OF CUSTODY - INITIAT				oletes STEP 5 on Copy	2 (MRO Copy)
certify that the specimen given to me by vas collected, labeled, scaled at a role used to	The apnor identified in the pertification	o section of Copy 2 of t	is form PEC	MEN.BOTTLE(S)/TUS	(6) RELEASED TO:
	Signature of Collector		АМ	•	
	· · · · · · · · · · · · · · · · · · ·	1	PM		
(PRINT) Collector's Name (First	t, MI, Last) Date (M	o/Day/Yr) Time of Collect	tion	Name of Delivery Se	rvice
TEP 5: COMPLETED BY DONOR					
certify that I provided my specimen to the my presence; and that the information p	collector; that I have not adulterated provided on this form and on the labe	I it in any manner; each sp el affixed to each specime	pecimen bottle/tube n bottle/tube is corr	ect.	tamper-evident seai
Joe Donor		Joe Donor	•		Today
Signature of Donor		(PRINT) Donor's	s Name (First, MI, Last)		Today / Date (Mo/Day/Yr)
mail address: IP4U@pmail.com	Daytime Phone No. <u>(111)<sup>222</sup> 3</u>	Evening Phone	No. <u>(<sup>222</sup>)<sup>333</sup> 44</u>	Date of Birth	1 / 1 /1980
After the Medical Review Officer receiver-the-counter medications you may NECESSARY. If you choose to make NFORMATION ON THE BACK OF A	ives the test results for the speci y have taken. Therefore, you ma a list. do so either on a separate	imen identified by this t ay want to make a list of e piece of paper or on	form, he/she may f those medicatio the back of your	contact you to ask ab	out prescriptions and s, THIS LIST IS NOT
TEP 6: COMPLETED BY MEDICAL RE	EVIEW OFFICER - PRIMARY SPE	ECIMEN	URINE	ORAL FLUID	
	irements, my verification is:				
☐ DILUTE ☐ <b>REFUSAL TO TEST</b> because – checl	k reason(s) helow			TEST CANCEL	mn ·
ADULTERATED (adulterant/r				TEST CANCEL	-60
SUBSTITUTED		100			
				-	
EMARKS:					
			* 6		·
	L 0.18	(DDINET) Man Man I David	ew Officer's Name (Firs	+ MI Lact)	/ / / Date (Mo/Day/Yr)
Signature of Medical Revi TEP 7: COMPLETED BY MEDICAL RI n accordance with applicable federal requ	EVIEW OFFICER - SPLIT SPECIA	MEN	ew Officer's Name (Firs	st, Wii, Last)	Date (MO/Day/TT)
_				TEST CANCEL	FD
RECONFIRMED for:					
FAILED TO RECONFIRM for:				-	
REMARKS:					

(PRINT) Medical Review Officer's Name (First, MI, Last)

Signature of Medical Review Officer

### FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

Forensic Toxicology Drug Testing



Donor refuses to sign CCF

ACCESSION NO.

Minneapolis VAMC Forensic Toxicology Lab 1 Veterans Drive Minneapolis, MN 55417

Laboratory SPECIMEN ID NO. 1562101
STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

My VA Name and Station #		B. MRO Name, Address My Facility MRO		222 3333
My VA Street		MRO Street	F: 111 3	333 4444
My VA City/ST/Zip		MRO City/ST/Z	ip	
C. Donor SSN, Employee I.D., or CDL State an	nd No. SS# 123456789	;	-	
D. Specify Testing Authority: X HHS 1		/: ☐ FMCSA ☐ FAA [	∃FRA [∃FTA	PHMSA TUSCG
E. Reason for Test: X Pre-employment Rando	om Reasonable Suspicion/Car	use Post Accident Retur	n to Duty TFollow	/-up Other (specify)
F. Drug Tests to be Performed: X THC, CO				
G. Collection Site Address:  My VA street		Collector Contact In	fo: Phone Co	llector's (service admin phone) ollector's (service admin fax)
My VA City/ST/Zip			Other	
STEP 2: COMPLETED BY COLLECTOR (make	e remarks when appropriate)	. 🔽 URINE	ORAL FLU	
COLLECTION: X Split Single Nor	ne Provided, Enter Remark.			
URINE: Collector reads urine temperature wit		tween 90° and 100° F? 🗓 Y	es 🗌 No, Enter R	emark 🔲 Observed, Enter Remark
ORAL FLUID: Split Type: Serial Concu	urrent 🗌 Subdivided 🛮 Each	Device Within Expiration Da	te? 🗌 Yes 🗌 No	Volume Indicator(s) Observed
REMARKS: Donor refused to sign CCF				
STEP 3: Collector affixes seal(s) to bottle(s)/t STEP 4: CHAIN OF CUSTODY - INITIATED BY	tube(s). Collector dates seal(s	s). Donor initials seal(s). Do	nor completes S	TEP 5 on Copy 2 (MRO Copy)
I certify that the specimen given to me by the do was collected, labeled, sealed and released to the Deli	onor identified in the certification se	ection on Conv 2 of this form	SPECIMEN BC	OTTLE(S)/TUBE(S) RELEASED TO:
X My Name				
_	nature of Collector	A.3.4	UPS	
My Name	Today ,	АМ Time РМ		
(PRINT) Collector's Name (First, Mi, Last)				Name of Delivery Service
RECEIVED AT LAB OR IITF:			Primary Specimen	SPECIMEN BOTTLE(S)/TUBE(S)
X	ure of Accessioner		Seal Intact	RELEASED TO:
Signati	are of Accessioner		☐ YES ☐ NO NO, Enter remark	
(PRINT) Accessioner's Name	9 (First, MI, Last)		Step 5A.	
Primary/Single Specimen Device Expiration Da	ate: / / (Mo/Day/Yr)	Split Specimen De	evice Expiration D	ate: / / (Mo/Day/Yr)
STEP 5A: PRIMARY SPECIMEN REPORT - CO	MPI FTED BY TEST FACILITY	v		(
			SUBSTITUTED	☐ INVALID RESULT
DILUTE POSITIVE for: Analyte(s) in ng/mL				
REMARKS: Test Facility (If different from above) :				
Test Facility (If different from above):	nined upon receipt, handled using cha	ain of custody procedures, analyzec	, and reported in acco	rdance with applicable federal requirements.
	mined upon receipt, handled using cha	nin of custody procedures, analyzec	l, and reported in acco	rdance with applicable federal requirements.
Test Facility (if different from above): I certify that the specimen identified on this form was exam  X  Signature of Certifying Technician/Scientis	st	nin of custody procedures, analyzed		
Test Facility (If different from above): I certify that the specimen identified on this form was exam  X  Signature of Certifying Technician/Scientis	st			
Test Facility (If different from above): I certify that the specimen identified on this form was exam  X  Signature of Certifying Technician/Scientis  STEP 5b: COMPLETED BY SPLIT TESTING LA	st ABORATORY  RECONFIRMED	(PRINT) Certifying Technician/Scie	entist's Name (First, Mi	/ / Last) Date (Mo/Day/Yr)
Test Facility (If different from above): I certify that the specimen identified on this form was exam  Signature of CertifyIng Technician/Scientis  STEP 5b: COMPLETED BY SPLIT TESTING LA  Laboratory Name	st  ABORATORY  RECONFIRMED FAILED T  I certify that the split specimen ideanalyzed, and reported in accordance were	(PRINT) Certifying Technician/Scie	entist's Name (First, Mi	
Test Facility (If different from above): I certify that the specimen identified on this form was exam  Signature of Certifying Technician/Scientis  STEP 5b: COMPLETED BY SPLIT TESTING LA  Laboratory Name	st  ABORATORY  RECONFIRMED FAILED T  I certify that the split specimen identify and reported in accordance with the split specimen in accordance with the split split split specimen in accordance with the split	(PRINT) Certifying Technician/Scients  O RECONFIRM - REASON  entitled on this form was examinated applicable federal requirements.	entist's Name (First, Mi.	
Test Facility (If different from above): I certify that the specimen identified on this form was exam  Signature of Certifying Technician/Scientis  STEP 5b: COMPLETED BY SPLIT TESTING LA  Laboratory Name	st  ABORATORY  RECONFIRMED FAILED T  I certify that the split specimen ideanalyzed, and reported in accordance were	(PRINT) Certifying Technician/Scients  O RECONFIRM - REASON  entitled on this form was examinated applicable federal requirements.	entist's Name (First, Mi	

1562101 SPECIMEN B

Date (Mo/Day/Yr)

Donor's Initials

PLACE OVER CAP

### **Department of Veterans Affairs Forensic**

### FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

Minneapolis VAMC

Drug	DONOR 2		Donor refuses	s to sign CCF	1 Veterans Drive
Testing	A <sub>n</sub>	* E O O 4 ^		_	Minneapolis, MN 55417
Laboratory	SPECIMEN II	<sub>d NO.</sub> 156210	)1		
STEP 1: COMPLETED BY COL	LECTOR OR EMPLOY			ACCESSION NO	
A. Employer Name, Address, I.I.	J. No.		B. MRO Name, Address, F	Phone No. and Fax No.	.,,
CAR	BON	COPIE	D FRO	DM C	OPY 1
C. Donor SSN, Employee I.D., o					
D. Specify Testing Authority:  E. Reason for Test: Pre-emplo	oyment 🗌 Random 🔲 Re		Post Accident Return	to Duty Follow-up	Other (specify)
F. Drug Tests to be Performed:		JPI, AIVIP 📋 THE & COE		•,	
G. Collection Site Address:			Collector Contact Info		
·				Other	
				· · · · · · · · · · · · · · · · · · ·	
STEP 2: COMPLETED BY COL	LECTOR (make remar	ks when appropriate).	URINE [	ORAL FLUID	
COLLECTION: Spitt URINE: Collector réads urine t	temperature within 4 mil				Coserved, Enter Remark
ORAL FLUID: Split Type: S	Serial 🗌 Concurrent [	Subdivided Each Dev	ice Within Expiration Date	? Yes No	Volume Indicator(s) Observed
REMARKS:					
STEP 3: Collector affixes seal STEP 4: CHAIN OF CUSTODY				or completes STEP 5	on Copy 2 (MRO Copy)
I certify that the execution given was collected, labels d, sealed at d r	to the ty the amor ident pleased to the De ivery Serv	iller in the pertitication section ice noted in second and with app	on Copy 2 of this form plic ble fi defal requir ment	PEOMEN BOTTLE	SOFTURE(S) RELEASED TO:
^	Signature of C	Collector	***************************************		
			AM PM		
(PRINT) Collector's	s Name (First, MI, Last)	Date (Mo/Day/Yr)	Time of Collection	Name	of Delivery Service
STEP 5: COMPLETED BY DON					
I certify that I provided my specin in my presence; and that the info	nen to the collector; that I	have not adulterated it in any form and on the label affixed	manner; each specimen bo to each specimen bottle/tul	ottle/tube used was sea be is correct.	·
<b>X</b> "DONOR REFUSED	) TO SIGN CCF"	Joe Dor	nor *Collector writes in		Today
Signatu	re of Donor		(PRINT) Donor's Name (First		Date (Mo/Day/Yr)
		one No. ()	Evening Phone No. (	) Date o	of Birth / / (Mo/Day/Yr)
Email address:	Daytime Pho		entified by this form he/s		to ack about proportions and
After the Medical Review Offi	icer receives the test re s you may have taken. I to make a list, do so ei	Therefore, you may want to ther on a separate piece	o make a list of those me of paper or on the back	edications for your ov	wn records. THIS LIST IS NOT 5) DO NOT PROVIDE THIS
After the Medical Review Office over-the-counter medications NECESSARY. If you choose INFORMATION ON THE BACK	icer receives the test rest you may have taken. It to make a list, do so eick OF ANY OTHER CO	Therefore, you may want to other on a separate piece OPY OF THE FORM. TAK	o make a list of those me of paper or on the back E COPY 5 WITH YOU.	edications for your ov	wn records. THIS LIST IS NOT 5). — DO NOT PROVIDE THIS
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After the Medical Review Officover-the-counter medications NECESSARY. If you choose INFORMATION ON THE BACTOR OF T	icer receives the test resonant may have taken. It to make a list, do so eight of the control of	Therefore, you may want to ther on a separate piece OPY OF THE FORM. TAKER - PRIMARY SPECIMEN prification is:  OW:  (PER - SPLIT SPECIMEN prification for the split specime	o make a list of those me of paper or on the back (E COPY 5 WITH YOU.  UR  PRINT) Medical Review Officer's en (if tested) is:	edications for your over one of your copy (Copy INE ORAL F	wn records, THIS LIST IS NOT 5). — DO NOT PROVIDE THIS  FLUID  CANCELLED
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After the Medical Review Officover-the-counter medications NECESSARY. If you choose INFORMATION ON THE BACKSTEP 6: COMPLETED BY MEID IN accordance with applicable feet DILUTE POSITIVE SUBSTITUTED ADULTERATED (adult SUBSTITUTED OTHER: SUBSTITUTED OTHER: SIGNATURE OF MEDICAL SUBSTITUTED OTHER SUBSTITU	icer receives the test resign you may have taken. It to make a list, do so eight of the control	Therefore, you may want to ther on a separate piece OPY OF THE FORM. TAKER - PRIMARY SPECIMEN orification is:  OW:  (PER - SPLIT SPECIMEN erification for the split specime	o make a list of those me of paper or on the back (E COPY 5 WITH YOU.  UR  PRINT) Medical Review Officer's en (if tested) is:	edications for your over one of your copy (Copy INE ORAL F	wn records, THIS LIST IS NOT 5). — DO NOT PROVIDE THIS  FLUID  CANCELLED  / / Date (Mo/Day/Yr)
After the Medical Review Officover-the-counter medications NECESSARY. If you choose INFORMATION ON THE BACKSTEP 6: COMPLETED BY MEI  In accordance with applicable feet In ADULTE REFUSAL TO TEST becaus ADULTERATED (adult) SUBSTITUTED OTHER: REMARKS:  X Signature of M STEP 7: COMPLETED BY MEI In accordance with applicable feet RECONFIRMED for:	icer receives the test resign you may have taken. It to make a list, do so eight of the control	Therefore, you may want to ther on a separate piece OPY OF THE FORM. TAKER - PRIMARY SPECIMEN orification is:  OW:  (PER - SPLIT SPECIMEN erification for the split specime	o make a list of those me of paper or on the back (E COPY 5 WITH YOU.  UR  PRINT) Medical Review Officer's en (if tested) is:	edications for your over one of your copy (Copy INE ORAL F	wn records, THIS LIST IS NOT 5). — DO NOT PROVIDE THIS  FLUID  CANCELLED  / / Date (Mo/Day/Yr)
After the Medical Review Officover-the-counter medications NECESSARY. If you choose INFORMATION ON THE BACKSTEP 6: COMPLETED BY MEID IN accordance with applicable feet DILUTE POSITIVE SUBSTITUTED ADULTERATED (adult SUBSTITUTED OTHER: SUBSTITUTED OTHER: SIGNATURE OF MEDICAL SUBSTITUTED OTHER SUBSTITU	icer receives the test resign you may have taken. It to make a list, do so eight of the control	Therefore, you may want to ther on a separate piece OPY OF THE FORM. TAKER - PRIMARY SPECIMEN orification is:  OW:  (PER - SPLIT SPECIMEN erification for the split specime	o make a list of those me of paper or on the back (E COPY 5 WITH YOU.  UR  PRINT) Medical Review Officer's en (if tested) is:	edications for your over one of your copy (Copy INE ORAL F	wn records, THIS LIST IS NOT 5). — DO NOT PROVIDE THIS  FLUID  CANCELLED  / / Date (Mo/Day/Yr)

Forensic

Drug

Toxicology

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



Sample is QNS. No 2nd sample produced after 3 hours.

Minneapolis VAMC Forensic Toxicology Lab 1 Veterans Drive Minneapolis, MN 55417

Testing SPECIMEN ID NO. 1562101 Laboratory

EP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE	ACCESSION NO.
Employer Name, Address, I.D. No.	B. MRO Name, Address, Phone No. and Fax No.
My VA Name and Station #	My Facility MRO P: 111 222 3333
My VA Street	MRO Street F: 111 333 4444
My VA City/ST/Zip	MRO City/ST/Zip
Donor SSN, Employee I.D., or CDL State and No. SS# 123456789	
Specify Testing Authority: 🔼 HHS 🔲 NRC Specify DOT Agency: [ Reason for Test: ሺ Pre-employment 🗍 Random 🗍 Reasonable Suspicion/Cause	FMCSA FAA FRA FTA PHMSA USCG
Drug Tests to be Performed: 💢 THC, COC, PCP, OPI, AMP 🔲 THC & CC	
Collection Site Address: My VA street	Collector Contact Info: Phone Collector's (svc admin phone)  Fax Collector's (svc admin fax)
My VA City/ST/Zip	Other

A. Employer Ivalile, Address, I.D. IVo.	B. MRO Name, Address	s, Phone No. and F	ax No.	8WO
My VA Name and Station #	My Facility MR	O P: 111 222	2 3333	Š
My VA Street	MRO Street	F: 111 333	4444	0.09
My VA City/ST/Zip	MRO City/ST/Z	Zip		No. 0930-0158
C. Donor SSN, Employee I.D., or CDL State and No. SS# 123456789	,*	1		158
	□ FMCSA □ FAA [	∃ FRA □ FTA	☐ PHMSA ☐ USCG	
E. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause	Post Accident Retu	rn to Duty TFolloy	/-up Other (specify)	
F. Drug Tests to be Performed: X THC, COC, PCP, OPI, AMP THC & CO	OC Only			
G. Collection Site Address:	, <u> </u>		ector's (svc admin phone)	
My VA street	Collector Contact is		ector's (svc admin fax)	
My VA City/ST/Zip		Other	setor o (ove delimir tax)	
STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).	URINE	ORAL FLU	JID	
COLLECTION: Split Single None Provided, Enter Remark.				U
URINE: Collector reads urine temperature within 4 minutes. Temperature between	een 90° and 100° F? 🔲 Y	es No, Enter R	emark Observed, Enter Remark	PRE
			Volume Indicator(s) Observed	S
REMARKS: Specimen collected was <45ml. Donor unable to p	roduce sufficient q	uantity after 3	3 hours. Notified II in HR.	HARD
STEP 3: Collector affixes seal(s) to bottle(s)/tube(s). Collector dates seal(s).				20
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETE	D BY TEST FACILITY	completes c	7 E. 7 O O T GODY 2 (MINO GODY)	5
I certify that the specimen given to me by the donor identified in the certification section was collected, labeled, sealed and released to the Delivery Service noted in accordance with a	on on Copy 2 of this form applicable federal requirement	SPECIMEN BO	OTTLE(S)/TUBE(S) RELEASED TO:	
x DO NOT SIGN YOU DID NOT RECEIVE A			VE DI ANIZI	ARE
Signature of Collector			VE BLANK!	Š
Nope, nothing hereor here		•		MAKING
(PRINT) Collector's Name (First, MI, Last)  Date (Mo/Day/Yr	Time of Collection		Name of Delivery Service	
RECEIVED AT LAB OR IITF:		Primary Specimen	SPECIMEN BOTTLE(S)/TUBE(S)	MULTIPLE
X		Seal Intact	RELEASED TÓ:	Ħ
Signature of Accessioner		YES NO		F
(PRINT) Accessioner's Name (First, MI, Last)		NO, Enter remark Step 5A.		8
Primary/Single Specimen Device Expiration Date: / /	Date (MO/Day/11)	evice Expiration D	, ,	COPIES
(Mo/Day/Yr)	Spin Specifien D	evice Expiration L	(Mo/Day/Yr)	Ö
STEP 5A: PRIMARY SPECIMEN DEPORT COMPLETED BYTEST THE				
STEL SALERIMARY SPECIALEN REPORT - COMPLETED BY TEST FACILITY				
	JLTERATED	SUBSTITUTED	☐ INVALID RESULT	
☐ NEGATIVE ☐ REJECTED FOR TESTING ☐ ADL	JLTERATED	SUBSTITUTED	☐ INVALID RESULT	
☐ NEGATIVE ☐ REJECTED FOR TESTING ☐ ADL ☐ DILUTE ☐ POSITIVE for:	JLTERATED	SUBSTITUTED	☐ INVALID RESULT	
□ NEGATIVE	JLTERATED	SUBSTITUTED	☐ INVALID RESULT	
□ NEGATIVE □ REJECTED FOR TESTING □ ADL □ DILUTE □ POSITIVE for: Analyte(s) in ng/mL REMARKS: Test Facility (if different from above):	<b>Name</b>			
□ NEGATIVE	<b>Name</b>			
□ NEGATIVE □ REJECTED FOR TESTING □ ADL □ DILUTE □ POSITIVE for: Analyte(s) in ng/mL REMARKS: Test Facility (if different from above):	<b>Name</b>			
NEGATIVE REJECTED FOR TESTING ADL  DILUTE  POSITIVE for:  Analyte(s) in ng/mL  REMARKS:  Test Facility (if different from above):  I certify that the specimen identified on this form was examined upon receipt, handled using chain to the specimen of Certifying Technician/Scientist  (i)	<b>Name</b>	d, and reported in acco	ordance with applicable federal requirements.	
NEGATIVE	of custody procedures, analyze	d, and reported in acco	ordance with applicable federal requirements.	
NEGATIVE	of custody procedures, analyze PRINT) Certifying Technician/Sci	d, and reported in acco	ordance with applicable federal requirements. / / / Date (Mo/Day/Yr)	
NEGATIVE	of custody procedures, analyze PRINT) Certifying Technician/Sci  RECONFIRM - REASON	d, and reported in acco	ordance with applicable federal requirements.	

Laboratory Address Signature of Certifying Scientist



1562101 SPECIMEN B

/ / Date (Mo/Day/Yr) Donor's Initials

Date (Mo/Day/Yr) Donor's Initials

PLACE OVER

PLACE OVER CAP

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

Date (Mo/Day/Yr)

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

Minneapolis VAMC Forensic Toxicology Lab 1 Veterans Drive Minneapolis, MN 55417

Date (Mo/Day/Yr)

**DONOR 3** 

Toxicology	
Drug	
Testing	į,
Laboratory	

1562101

ETEP 1: COMPLETED BY COLLECTOR OR EMPLOYER		erha	ACCESSION NO.	
A. Employer Name, Address, I.D. No.		. MRO Name, Address, I	Phone No. and Fax No.	ý. T
CARBON (	COPIE	D FRO	OM CO	PY 1
C. Donor SSN, Employee I.D., or CDL State and No.				
			FRA  FTA PHMS	
E. Reason for Test: ☐ Pre-employment ☐ Random ☐ Rea		•	to Duty Follow-up Other	(specify)
F. Drug Tests to be Performed: THC, COC, PCP, OF	PI, AMP 🔲 THC & COC (	Only 🗌 Other (sp	pecify)	
G. Collection Site Address:		Collector Contact Info	; Phone	
			Fax	
			Other	
TEP 2: COMPLETED BY COLLECTOR (make remarks	when appropriate).	URINE [	ORAL FLUID	
COLLEC <mark>TION: ESpite Sin le 1 Nove Provide</mark> URINE: Collector réads urine temperature within 4 minu	utes. Temperature between			·····
DRALFLUID: Split Type: Serial Concurrent	Subdivided Each Device	e Within Expiration Date	e? 🗌 Yes 🗌 No 🔃 Volu	me Indicator(s) Observe
REMARKS:				
TEP 3: Collector affixes seal(s) to bottle(s)/tube(s). C TEP 4: CHAIN OF CUSTODY - INITIATED BY COLLEC				
certify that the expecin en given to me by the a mor identific was collected, labeled, scaled as direleased to the Delivery Service	ed in the pertification section of Cnotec in accordance with appl	on Copy 2 of this form lic ble fideral equir ment	SPECIMEN BOTTLE(S)/T	BREGO RELEASED TO
<u> </u>	Factor			$t_{1} = t_{1}$
Signature of Col	rectof	AM		4
		PM	Name of Delive	ry Service
(PRINT) Collector's Name (First, MI, Last)	Date (Mo/Day/Yr)	Time of Collection		
TEP 5: COMPLETED BY DONOR  certify that I provided my specimen to the collector; that I had not my presence; and that the information provided on this for	ave not adulterated it in any n m and on the label affixed to	nanner; each specimen b each specimen bottle/tul	ottle/tube used was sealed wit be is correct.	h a tamper-evident seal
Donor did not provide a sample, do	es not sign!	(PRINT) Donor's Name (First	t, MI, Last)	/ / Date (Mo/Day/Yr)
Email address: Daytime Phon	e No. <u>(</u> ) E	Evening Phone No. (	_) Date of Birth	/ / (Mo/Day/Yr)
After the Medical Review Officer receives the test rest over-the-counter medications you may have taken. Th NECESSARY. If you choose to make a list, do so eith NFORMATION ON THE BACK OF ANY OTHER CO	nerefore, you may want to ner on a separate piece ic	make a list of those m of paper or on the back	edications for your own rec	ords, THIS LIST IS NO
TEP 6: COMPLETED BY MEDICAL REVIEW OFFICER		□UR	INE ORAL FLUID	)
n accordance with applicable federal requirements, my veril  ☐ NEGATIVE ☐ POSITIVE for:  ☐ DILUTE		· · · · · · · · · · · · · · · · · · ·		<del> </del>
REFUSAL TO TEST because – check reason(s) below	v.		☐ TEST CANC	ELLED
ADULTERATED (adulterant/reason):			<del></del>	
SUBSTITUTED		. •		
OTHER:			· .	
REMARKS:		* 5		
X	<u></u>			: 7 /
Signature of Medical Review Officer	(PR	INT) Medical Review Officer's	Name (First, MI, Last)	Date (Mo/Day/Yr)
TEP 7: COMPLETED BY MEDICAL REVIEW OFFICER n accordance with applicable federal requirements, my veri		ı (if tested) is:		
RECONFIRMED for:			TEST CANC	ELLED
FAILED TO RECONFIRM for:		-		
ALIVIA MO.				
and the second s				

(PRINT) Medical Review Officer's Name (First, MI, Last)

Signature of Medical Review Officer

## **Insufficient Specimen Form**

Donor Name: Branden Luc	asta	Date: <u>1</u>	/1/2022
Collector Name: P. Catcher			
first attempt to provide a suit	g standards set forth by federal regulat able specimen for testing. During the ces, each container of liquid consumed	3-hour period the donor may	drink up to 40 ounces of
Donor Must Remain Inside tl	ne Building	BL	_ (donor initials)
Drink Up to 40 oz.		BL	_(donor initials)
Provide Valid Specimen With	nin 3 Hours	BL	_(donor initials)
If You Leave, the Test Will be	Considered a Refusal	BL	_(donor initials)
Time of initial attempt to pr	ovide a specimen	X:XX	_(time am <mark>/pm</mark> )
3-hour time limit expires at		X:XX + 3hrs	_(time am/pm)
<u>Liquids Consumed:</u>			
Cup #1	If needed (fluid amount)	If needed	_(time am/pm)
Cup #2	(fluid amount)	"	_(time am/pm)
Cup #3	(fluid amount)	<u>"</u>	_(time am/pm)
Cup #4	(fluid amount)		_(time am/pm)
Final result of collection:			
□Suitable specimen was obt	tained at(time	ne am/pm)	
☑ Three-hour time limit exp	ired, and the Designated Employer	Representative (DER) was no	otified.
	H.R. Rep	)	(name of DER)
Donor Signature:	Branden Lucasta		
	I <i>certify</i> th	at the above events took plo	ace as documented
Collector Signature:			

I certify that the above events took place as documented

**Collector:** This form should be retained as documentation of the events that took place.

### FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

Forensic Toxicology **ONOR 4A** 



Temperature OOR

Minneapolis VAMC Forensic Toxicology Lab 1 Veterans Drive Minneapolis, MN 55417

Drug Testing Laboratory SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER R	PRESENTATIVE		ACCESSION	ON NO.	
A. Employer Name, Address, I.D. No.	B. MRC	) Name, Address	, Phone No. and I		
My VA Name and Station #			O P: 111 22		
My VA Street	MF	RO Street	F: 111 333	3 4444	
My VA City/ST/Zip	MF	RO City/ST/Z	Zip		
C. Donor SSN, Employee I.D., or CDL State and No. SS#			•		
	cify DOT Agency:  FMCS	SA 🗆 FAA [	∃FRA □ FTA	☐ PHMSA	□ uscg
E. Reason for Test: 🔀 Pre-employment 🗌 Random 🔲 Reason					
F. Drug Tests to be Performed: 🔣 THC, COC, PCP, OPI, A	MP THC & COC Only	Other (			
G. Collection Site Address:		_ `	fo: Phone <u>Collec</u>	stan'a (ava admin n	la a m a)
My VA street		locior contact is		ector's (svc admin p	
My VA City/ST/Zip			Other		
STEP 2: COMPLETED BY COLLECTOR (make remarks wh	en appropriate).	URINE	ORAL FLU	D	
COLLECTION: 💆 Split 🔲 Single 📋 None Provided, E					
URINE: Collector reads urine temperature within 4 minutes	Temperature between 90° a	nd 100° F? 🔲 Y	es 📉 No, Enter F	Remark 🗌 Obs	erved, Enter Remark
				o 🔲 Volume I	ndicator(s) Observed
REMARKS: Temp OOR, 2nd specimen collected	under DO on #1562	2102. Spec.#1	of 2.		
TEP 3: Collector affixes seal(s) to bottle(s)/tube(s). Collector 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR	tor dates seal(s). Donor in	itials seal(s). Do	nor completes S	TEP 5 on Copy	2 (MRO Copy)
certify that the specimen given to me by the donor identified in was collected, labeled, sealed and released to the Delivery Service not	the certification section on Cou	pv 2 of this form	SPECIMEN BO	OTTLE(S)/TUBE	(S) RELEASED TO:
My Name	, ,	7			
Signature of Collector					
My Name	Тофау , Т	Time AM	UPS		
(PRINT) Collector's Name (First, MI, Last)	·	e of Collection		Name of Delivery Ser	vice
RECEIVED AT LAB OR IITF:			Primary Specimen Seal Intact		OTTLE(S)/TUBE(S)
Signature of Accessioner			☐ YES ☐ NO		
			NO, Enter remark		
(PRINT) Accessioner's Name (First, Mi, Last)		ato (morbay/11)	Step 5A.		
Primary/Single Specimen Device Expiration Date: / (Mo/Da		plit Specimen De	evice Expiration [	Date: / (Mo/Day/	<u>/</u> /Yr) .
TEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED B					
☐ NEGATIVE ☐ REJECTED FOR TESTIFE ☐ DILUTE ☐ POSITIVE for:	IG □ ADULTERAT	ED	SUBSTITUTED	<u> </u>	VALID RESULT
Analyte(s) in ng/mL REMARKS:					· · · · · · · · · · · · · · · · · · ·
est Facility (If different from above) :					
certify that the specimen identified on this form was examined upon receip	t, handled using chain of custody į	procedures, analyzed	d, and reported in acc	ordance with applica	ble federal requirements.
ζ				.,	1 1
Signature of Certifying Technician/Scientist	(PRINT) Cert	ifying Technician/Sci	entist's Name (First, M	l, Last)	Date (Mo/Day/Yr)
TEP 5b: COMPLETED BY SPLIT TESTING LABORATORY	***************************************			***************************************	
RECONFIRM		RM - REASON			
Laboratory Name I certify that the analyzed, and rep	split specimen identified on th orted in accordance with applicable t	ıs form was examin federal requirements.	ned upon receipt, ha	ndled using chain	of custody procedures,
x					, ,
	ure of Certifying Scientist	(PRINT) Certi	fying Scientist's Name (	First, Ml. Last)	Date (Mo/Day/Yr)
/ / Date (Mo/Day/Yr)	PLACE OVER				- and (moreover)
SPECIMEN A Donor's Initials	CAP	1			

PLACE

OVER

CAP

Donor's Initials

Date (Mo/Day/Yr)

Donor's Initials

1562101 SPECIMEN B

### FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

Forensic Toxicology DONOR 4A
Drug
Testing
Laboratory SPECIM

1562101 SPECIMEN ID NO.

Forensic Toxicology Lab 1 Veterans Drive Minneapolis, MN 55417

Minneapolis VAMC

STEP 1: COMPLETED BY COLLECTOR OR EMPL	OYER REPRESENTATIVE			ESSION NO.	3
A. Employer Name, Address, I.D. No.		B. MRO Name, Add	fress, Phone No	, and Fax No.	
CARBON	COPII	ED FF	$\stackrel{\circ}{R}ON$	1 COI	<b>PY</b> 1
C. Donor SSN, Employee I.D., or CDL State and No					
D. Specify Testing Authority: HHS NRC	Specify DOT Agency:	☐ FMCSA ☐ FAA	A 🗌 FRA 📗	] FTA 🔲 PHMSA	USCG ·
E. Reason for Test: Pre-employment Random	] Reasonable Suspicion/Caus	e Post Accident	Return to Duty	]Follow-up []Other (spe	ecify)
F. Drug Tests to be Performed:	CP, OPI, AMP 🔲 THC & C	OC Only 🔲 Ot	her (specify)	·	
G. Collection Site Address:		Collector Conta	act Info: Phone		
			Fax		
			Other_		
STEP 2: COMPLETED BY COLLECTOR (make re	narks when appropriate).	☐ URINE	☐ ORAI	L FLUID	
COLLECTION: Spit Sin le 1 Nove Pr URINE: Collector réads urine temperature within	rd rided, Enter Remark 1 minutes. Temperature betw				
ORAL FLUID: Split Type: Serial Concurrer	it Subdivided Each D	Pevice Within Expiration	n Date? 🗌 Ye	s No Volume I	ndicator(s) Observed
REMARKS:					
STEP 3: Collector affixes seal(s) to bottle(s)/tube	(s). Collector dates seal(s).	Donor initials seal(s	s). Donor compl	etes STEP 5 on Copy	2 (MRO Copy)
STEP 4: CHAIN OF CUSTODY - INITIATED BY CO	***				
I certify that the execution given to me two recommon was collected, labeled, scaled as direct used to the Delivery.	dentiller in the pertification sect Service noted in tecordand with	ii in ee Cop r 2 c it is , pplic ble fi <mark>de al e</mark> uir		TEN BOTTLE(S)/TURE	(S) RELEASED TO:
	s of Collector		—		*;
	,		AM PM		· . · · · · · · · · · · · · · · · · · ·
(PRINT) Collector's Name (First, MI, Last)	Date (Mo/Day/Y			Name of Delivery Ser	vice
STEP 5: COMPLETED BY DONOR					
I certify that I provided my specimen to the collector; th	at I have not adulterated it in a	any manner; each spec	imen bottle/tube i	used was sealed with a t	amper-evident seal
in my presence; and that the information provided on t	his form and on the label affixe	ed to each specimen b	ottle/tube is corre	ct.	
X Joe Donor		Joe Donor (PRINT) Donor's Na	(P*(		Today /
Signature of Donor Email address:	Phone No. <u>(11)</u> 222 333	, ,		444 Date of Birth	
After the Medical Review Officer receives the terover-the-counter medications you may have take NECESSARY. If you choose to make a list, do s INFORMATION ON THE BACK OF ANY OTHE	en. Therefore, you may war	nt to make a list of the	ose medication e back of vour	s for your own record:	s, THIS LIST IS NOT
STEP 6: COMPLETED BY MEDICAL REVIEW OFF	ICER - PRIMARY SPECIME	EN [	URINE	ORAL FLUID	4 *
In accordance with applicable federal requirements, m  NEGATIVE POSITIVE for:					
☐ DILUTE ☐ REFUSAL TO TEST because – check reason(s)	below:			TEST CANCELL	ED
ADULTERATED (adulterant/reason):	and the second s				L
SUBSTITUTED					
OTHER:					
REMARKS:					
		''			·
X		(PRINT) Medical Review (	Secondo Marco (Plant	BALL cost	Date (Mo/Day/Yr)
Signature of Medical Review Officer STEP 7: COMPLETED BY MEDICAL REVIEW OFF In accordance with applicable federal requirements, m			omicer's Name (First)	, wii, Lasij	Date (MO/Day/TF)
				TEST CANCELL	ED
RECONFIRMED for:				L. ILOI OMNOLLL	, a.u. a.u.
FAILED TO RECONFIRM for:					
REMARKS:					
<b>x</b> :					1 1
			Officer's Name (First		Date (Mo/Day/Yr)

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, Ml, Last)

### Department of Veterans Affairs Forensic

Toxicology

Drug

Testing

### FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).

Split Single None Provided, Enter Remark.



1st Sample was temp OOR

Minneapolis VAMC Forensic Toxicology Lab 1 Veterans Drive Minneapolis, MN 55417

INVALID RESULT

Date (Mo/Day/Yr)

1562102 SPECIMEN ID NO.

Other

SUBSTITUTED

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

**ORAL FLUID** 

Laboratory STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE ACCESSION NO. A. Employer Name, Address, I.D. No. B. MRO Name, Address, Phone No. and Fax No. VA Name and Station # My Facility MRO P: 111 222 3333 My VA Street F: 111 333 4444 **MRO Street** My VA City/ST/Zip MRO City/ST/Zip C. Donor SSN, Employee I.D., or CDL State and No. \$\frac{\section{SS\#123456789}}{\text{total}}\$ D. Specify Testing Authority: X HHS Specify DOT Agency: FMCSA FAA FRA FTA PHMSA USCG □ NRC E. Reason for Test: X 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's (svc admin phone) Collector Contact Info: Phone\_ My VA street Collector's (svc admin fax) My VA City/ST/Zip

**V** URINE

ORAL FLUID: Split Type: Serial Concurrent Subdiv		e Within Expiration [		
REMARKS: Specimen 2 of 2. Specimen 1 on #1562	2101 was "temp	oor" *Name o	f observer if no	ot the same as collector*
STEP 3: Collector affixes seal(s) to bottle(s)/tube(s). Collecto	r dates seal(s). Dor	nor initials seal(s). I	Donor completes S	TEP 5 on Copy 2 (MRO Copy)
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR A	ND COMPLETED E	BY TEST FACILITY		
I certify that the specimen given to me by the donor identified in the was collected, labeled, sealed and released to the Delivery Service noted i			·	OTTLE(S)/TUBE(S) RELEASED TO:
X My Name				
Signature of Collector		^**		UPS
My Name	Today	Time PM		
(PRINT) Collector's Name (First, MI, Last)	Date (Mo/Day/Yr)	Time of Collection		Name of Delivery Service
RECEIVED AT LAB OR IITF:			Primary Specimen Seal Intact	SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:
Signature of Accessioner			☐ YES ☐ NO	
(PRINT) Accessioner's Name (First, MI, Last)		/ / Date (Mo/Day/Yr)	If NO, Enter remark in Step 5A.	
Primary/Single Specimen Device Expiration Date: / (Mo/Day/Yi	/	Split Specimen	Device Expiration I	Date:/ (Mo/Day/Yr)
STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY T	EST FACILITY			

URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100° F? XYes No, Enter Remark Observed, Enter Remark

Analyte(s) in ng/mL 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 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.

☐ ADULTERATED

Laboratory Address 1562102

DILUTE

POSITIVE for:

**■ NEGATIVE** 

SPECIMEN A 1562102

Laboratory Name

SPECIMEN B

Date (Mo/Day/Yr)

**☐ REJECTED FOR TESTING** 

Donor's Initials

Donor's Initials

PLACE OVER CAP PLACE OVER

CAP

Signature of Certifying Scientist

OMB No. 0930-0158

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

 	1 666
Forensic	
Toxicology DO	NOD A
Drug DO	NON 4
Testing	

Minneapolis VAMC Forensic Toxicology Lab 1 Veterans Drive Minneapolis, MN 55417

1562102 SPECIMEN ID NO. Laboratory STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE ACCESSION NO. OMB No. 0930-0158 A. Employer Name, Address; I.D. No. B. MRO Name, Address, Phone No. and Fax No. C. Donor SSN, Employee I.D., or CDL State and No Specify DOT Agency: FMCSA FAA FRA FTA PHMSA USCG D. Specify Testing Authority: HHS NRC 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 Contact Info: Phone Other URINE **ORAL FLUID** STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate). COLLECTION: Split Single None Provided, Enter Remark. URINE: Collector reads urine temperature within 4 minutes, Temperature between 90° and 100° F? Yes No, Enter Remark Dobserved, Enter Remark OR AL FLUID SI LIT TYPE SERIE OF CONCURRENT Sub livided Factor Device Mithir Expiration Date? Yes to to to may indicator (s) Observed REMARKS: STEP 3: Collector affixes seal(s) to bottle(s)/tube(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 SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO: 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 PM Name of Delivery Service (PRINT) Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collection STEP 5: COMPLETED BY DONOR I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle/tube 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/tube is correct. Joe Donor (PRINT) Donor's Name (First, MI, Last) l'oday Date (Mo/Day/Yr) Signature of Donor 1 Email address: IP4U@pmail.com Daytime Phone No. (111) 222 3333 Evening Phone No. (222 333 4444 Date of Birth 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. URINE **ORAL FLUID** STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN In accordance with applicable federal requirements, my verification is: POSITIVE for: **NEGATIVE** REFUSAL TO TEST because – check reason(s) below: TEST CANCELLED ADULTERATED (adulterant/reason): SUBSTITUTED OTHER: \_\_\_ REMARKS: . Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, Ml. 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: Date (Mo/Day/Yr)

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

### Department of Veterans Affairs Forensic

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

Minneapolis VAMC Forensic Toxicology Lab Donor refused to sign bottle seals 1 Veterans Drive Minneapolis, MN 55417

Toxicology **DONOR 5** 

**D**rug **T**esting SPECIMEN ID NO. 1562101 Laboratory

STEP 1. COMPLETED BY COLLECTOR OR EMPLOYER REPRESENT	TIVE	ACCESSIC	N NO.
A. Employer Name, Address, I.D. No.  My VA Name and Station #	B. MRO Name, Address My Facility MR		ax No. 222 3333
My VA Street	MRO Street		333 4444
My VA City/ST/Zip	MRO City/ST/Z		
C. Donor SSN, Employee I.D., or CDL State and No. SS# 12345678	9	-	
	ency: 🔲 FMCSA 🔲 FAA 📗	]FRA []FTA	□ PHMSA □ USCG
E. Reason for Test: Pre-employment Random Reasonable Suspicion			
F. Drug Tests to be Performed: $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	IC & COC Only		
G. Collection Site Address: My VA street	Collector Contact In		ector's (svc admin phone)
My VA City/ST/Zip		Fax <u>Coll</u>	ector's (svc admin fax)
		Other	
STEP 2: COMPLETED BY COLLECTOR (make remarks when appropri		ORAL FLU	ID
COLLECTION: Split Single None Provided, Enter Remark			
URINE: Collector reads urine temperature within 4 minutes. Temperature ORAL FLUID: Split Type: Serial Concurrent Subdivided I			
REMARKS: Donor refused to initial bottle seals.	Each Device Within Expiration Da	te?   Yes   No	□ Volume Indicator(s) Observe
STEP 3: Collector affixes seal(s) to bottle(s)/tube(s). Collector dates s STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COM	eal(s). Donor initials seal(s). Do	nor completes S	EP 5 on Copy 2 (MRO Copy)
I certify that the specimen given to me by the donor identified in the certificati	on section on Copy 2 of this form	SPECIMEN BO	TTLE(S)/TUBE(S) RELEASED TO
was collected, labeled, sealed and released to the Delivery Service noted in accordan	ce with applicable federal requirements	5.	(-)(-)(-)
X My Name			
Signature of Collector	AM		UPS
My Name Tod	ay, Time PM		
	lo/Day/Yr) Time of Collection		Name of Delivery Service
RECEIVED AT LAB OR IITF:		Primary Specimen Seal Intact	SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:
Signature of Accessioner		☐ YES ☐ NO	
(DIUD)		NO, Enter remark Step 5A.	
(PRINT) Accessioner's Name (First, Mi, Last)  Primary/Single Specimen Device Expiration Date: / /	Date (morbay, 11)		-4
(Mo/Day/Yr)	Split Specimen De	svice Expiration D	(Mo/Day/Yr)
STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST FAC	ILITY		
	ADULTERATED	SUBSTITUTED	☐ INVALID RESULT
☐ DILUTE☐ POSITIVE for:			
Analyte(s) in ng/mL		w	
REMARKS:			
rest raciiity (ii dillefelit itom anover			
I certify that the specimen identified on this form was examined upon receipt, handled usir	g chain of custody procedures, analyzed	and reported in acco	rdance with applicable federal requirements
I certify that the specimen identified on this form was examined upon receipt, handled usin	g chain of custody procedures, analyzed	l, and reported in acco	rdance with applicable federal requirements
I certify that the specimen identified on this form was examined upon receipt, handled usin  X  Signature of Certifying Technician/Scientist	ig chain of custody procedures, analyzed (PRINT) Certifying Technician/Scie		
I certify that the specimen identified on this form was examined upon receipt, handled usin $old X$			
X  Signature of Certifying Technician/Scientist  STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY    RECONFIRMED   FAIL	(PRINT) Certifying Technician/Scie	ntist's Name (First, MI,	/ / Last) Date (Mo/Day/Yr)
X  Signature of Certifying Technician/Scientist  STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY  RECONFIRMED  FAIL  I certify that the split specime	(PRINT) Certifying Technician/Scie	ntist's Name (First, MI,	
X  Signature of Certifying Technician/Scientist  STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY  RECONFIRMED  FAIL  I certify that the split specime	(PRINT) Certifying Technician/Scie	ntist's Name (First, MI,	/ / Last) Date (Mo/Day/Yr)
X  Signature of Certifying Technician/Scientist  STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY  Laboratory Name    RECONFIRMED   FAIL     Certify that the split specime analyzed, and reported in accordance.	(PRINT) Certifying Technician/Science  LED TO RECONFIRM - REASON  In identified on this form was examinance with applicable federal requirements.	ed upon receipt, har	/ / Last) Date (Mo/Day/Yr)  dled using chain of custody procedures
Certify that the specimen identified on this form was examined upon receipt, handled using the specimen identified on this form was examined upon receipt, handled using the speciment of the s	(PRINT) Certifying Technician/Science  ED TO RECONFIRM - REASON  In identified on this form was examinance with applicable federal requirements.  In Scientist (PRINT) Certified	entist's Name (First, MI,	/ / Last) Date (Mo/Day/Yr)  dled using chain of custody procedures
Signature of Certifying Technician/Scientist  STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY  Laboratory Name  Laboratory Address	(PRINT) Certifying Technician/Scients  LED TO RECONFIRM - REASON	ed upon receipt, har	/ / Last) Date (Mo/Day/Yr)  dled using chain of custody procedures
Signature of Certifying Technician/Scientist  STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY  Laboratory Name  Laboratory Address	(PRINT) Certifying Technician/Scients  ED TO RECONFIRM - REASON	ed upon receipt, har	/ / Last) Date (Mo/Day/Yr)  dled using chain of custody procedures
Certify that the specimen identified on this form was examined upon receipt, handled using the specimen identified on this form was examined upon receipt, handled using the specimen of Certifyling Technician/Scientist	(PRINT) Certifying Technician/Scients  LED TO RECONFIRM - REASON	ed upon receipt, har	/ / Last) Date (Mo/Day/Yr)  dled using chain of custody procedures

CAP

Donor's Initials

1562101 SPECIMEN B

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

Forensic Drug Testing Laboratory

Toxicology DONOR 5

1562101

SPECIMEN ID NO.

Minneapolis VAMC Forensic Toxicology Lab 1 Veterans Drive Minneapolis, MN 55417

STEP 1: COMPLETED BY C		OYER REPRESENTATIVE			ACCESSION NO.	3 \$ 1 N
A. Employer Name, Address	, I.D. No.		B. MRO Name	e, Address, ₽h	none No. and Fax No.	Ž.
				16.		
CAR C. Donor SSN, Employee I.E			ED F	RC	M CC	)PY 1
D. Specify Testing Authority:	-		□ FMCSA □	1FAA □ F	RA 🗌 FTA 🗌 PHMS	A TUSCG
E. Reason for Test: Pre-em						
F. Drug Tests to be Performe				Other (spe		
G. Collection Site Address:	yaı <u>□</u> ,.,+,,	, , C. , ,			Phone	
O. Collection Cite / Idaness.		•	Conscion	JUHLAGE HILL.	Fax	
• I					Other	
			☐ URIN	.ic	ORAL FLUID	
STEP 2: COMPLETED BY C					ONAL FLOID	<del>1777  </del>
COLLECTION: Spitt URINE: Collector réads urin	ne temperature within 4					
ORAL FLUID: Split Type:	Serial Concurrent	t 🗌 Subdivided 🗆 Each	Device Within Exp	oiration Date?	Yes No Volu	me Indicator(s) Observed
REMARKS:						
STEP 3: Collector affixes se	eal(s) to bottle(s)/tube(	s). Collector dates seal(s	s). Donor initials s	seal(s). Dono	r completes STEP 5 on C	opy 2 (MRO Copy)
STEP 4: CHAIN OF CUSTO						
I certify that the specin en giv was coll cted, labeled, sealed at	n to ne by the apnor in the relivery S	dentriles in the service ation se Service noted in tecord and wi	cti n op Copy 2 c ith applicable factral	tils form equir ment	PECIMEN BOTTLE(S)/T	BREIS) RELEASED TO:
X						$\mathcal{F}_{\mathcal{F}_{\mathcal{F}_{\mathcal{F}_{\mathcal{F}_{\mathcal{F}}}}}}$
	Signature	of Collector		АМ		
				PM _	Name of Delive	wy Saruina
	tor's Name (First, MI, Last)	Date (Mo/Day	y/Yr) Time of Colle	ection	Hamo of John	19 0011100
STEP 5: COMPLETED BY D		111 t adulta vata d it le		-zazimon hot	the thinks used was pooled with	th a tampar avident coal
I certify that I provided my spe in my presence; and that the	icimen to the collector; that information provided on th	at I have not aquiterated it in his form and on the label aff	ı any manner; eacıı ïxed to each specin	specimen bou nen bottle/tube	tle/tube usea was sealeu wit e is correct.	П а Таттрет-еушетт ѕеат
Joe Donor	inormation president		Donor		•	Todav
Sigi	nature of Donor		(PRINT) Done	or's Name (First, M	/il, Last)	Date (Mo/Day/Yr)
Email address: IP4U@pm	nail.com_ Daytime I	Phone No. <u>(111) 222 33</u>	33 Evening Phor	ne No. <u>222)</u>	333 4444 Date of Birth	1 / 1 / 1 / 1980 (Mo/Day/Yr)
After the Medical Review ( over-the-counter medication NECESSARY. If you choos INFORMATION ON THE E	ons you may have take se to make a list, do so	en. Therefore, you may we	ant to make a list ece of paper or o	of those med on the back o	dications for your own rec	cords, THIS LIST IS NOT
STEP 6: COMPLETED BY N	JEDICAL REVIEW OFF	ICER - PRIMARY SPECIN	//EN	URIN	NE ORAL FLUIC	• •
	e federal requirements, my ITIVE for:	verification is:				<del> </del>
☐ DILUTE ☐ REFUSAL TO TEST beca	ause – check reason(s) l	below:		•	☐ TEST CANC	·EIIED
ADULTERATED	and the second s					LLLLD
1 1,17,000,000	(additerant/reason).	*				and the second s
SUBSTITUT						
1	TED					
SUBSTITUT	TED					
□ SUBSTITUT □ OTHER	TED					

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN In accordance with applicable federal requirements, my verification for the split specimen (if tested) is:

Signature of Medical Review Officer

☐ TEST CANCELLED RECONFIRMED for: \_\_ FAILED TO RECONFIRM for:

REMARKS: ...

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo/Day/Yr)

Date (Mo/Day/Yr)