**MEMORANDUM FOR THE RECORD**

**CERTIFICATE OF CORRECTION - 5 PART FORM**

Donor ID#:

Sample(CCF)#:

Collecting facility:

*I verify that I collected and received the specimen from the donor. The specimen(s) was collected intact and sealed according to the guidelines and regulations outlined by DHHS/SAMHSA.*

**However, I neglected to:**

🞏 Sign in step #4 (printed name is present); I certify I received the specimen.

🞏Annotate the date on the chain of custody and bottle label; correct date is

🞏Mark the specimen temperature box. Was the temperature in range? **YES** or **NO** (circle one). If **NO**, please comment:

🞏 Note the Donor/Applicant ID#: that identifier is:

🞏A federal collection was done with a Non-Federal form. The collector certifies that the incorrect form used contains all the information needed for a valid DHHS drug test and that the form was used inadvertently or as the only means of conducting the test, in circumstances beyond the collector control. The following steps have been taken to prevent future use of Non-Federal forms for DHHS tests.

🞏Other please specify:

*Signature of Collector Print name of Collector*

*Date*

***Submit to the Medical Record Review Officer (MRO) ASAP***