

STEP 5b: TO BE COMPLETED by Lab (see copy 1 of original CCF)

STEP 6: TO BE COMPLETED by Medical Review Officer - PRIMARY

NEGATIVE **POSITIVE for:** _____

DILUTE

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

ADULTERATED (adulterant/reason):

SUBSTITUTED

OTHER: _____

TEST CANCELLED

Remarks: _____

X

Signature of Medical Review Officer

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

Date (Mo/Dy/Yr)

STEP 7: TO BE COMPLETED by Medical Review Officer - SPLIT SPECIMEN

RECONFIRMED for: _____

FAILED TO RECONFIRM for: _____

TEST CANCELLED

Remarks: _____

X

Signature of Medical Review Officer

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

Date (Mo/Dy/Yr)