SPECIMEN ID NO

Specimen ID No. B10101010

CHAIN OF CUSTODY FORM

WESTERN SLOPE LABORATORY
1197 Rochester Road, Suite K, Troy, MI 48083
Phone: 800-789-4317

CLIA Number: 23D1047507

STEPS 1-5 COMPLETED BY COLLECTOR

STEP 1-COLLECTION SITE, DONOR, AND MRO INFORMATION

Collection Site/Referring Lab:

ABC COMPANY
123 Woodward Avenue
Detroit, MI 48000
P: 313-555-1212
F: 313-555-2121

Donor Name (PRINT): John Doe

Donor ID: DL0202123456

MRO (if applicable):
MRO information can be preprinted here if a doctor is selected.

REASON FOR TEST (circle one): Pre-employment Random Reasonable Suspicion Post Accident Follow-Up

STEP 2-LC/MS/MS TESTING TO BE PERFORMED BY LAB

TEST TYPE (circle one): **URINE** or **SALIVA**

LC/MS/MS CONFIRMATION SERVICES (circle drug(s) that have shown presumptively positive from the point of care screening test device):

Amphetamine Benzodiazepines Buprenorphine Cocaine Cotinine MDMA Methadone

Methamphetamine Opiates/Opioids Phencyclidine (PCP) THC Other: 65 Analyte Saliva

ADVANCED TOXICOLOGY PANELS-*If Panel testing is required, **circle only one test** per Chain of Custody Form. If multiple Panel tests are*

DO NOT FILL OUT ADVANCED TOX SECTION FOR STANDARD CONFIRMATIONS

A. 5 Panel Drug Test **D.** Bath Salts Panel

E. Lead (Pb) Testing **F.** Synthetic Cannabinoids Panel *(K2/Spice)*

I. 5 Panel with EtG/EtS *(Urine only)* **J.** 10 Panel with EtG/EtS *(Urine Only)* **Other:**

STEP 3-SEAL SPECIMEN

Collector affixes barcode seal (located at the bottom of this form) to the specimen container. Donor initials and dates the seal.

STEP 4-COLLECTOR CERTIFICATION OF TESTING

I certify that the specimen given to me by the donor identified in the certification step 6 of this form was collected, labeled, sealed, and released to a delivery service accustomed to transporting such specimens.

Collector Signs Here — *Signature of Collector*

1:15 AM — *Time of Collection*

Collector Prints Name Here — *(Print) Collector Name*

3/7/13 — *Date of Collection*

In some cases the donor's signature is not required to be on this form. It is the collection site's/referring lab's responsibility to have the proper documentation to explain the circumstances. This information does not need to be supplied to WSL.

STEP 5-Remarks Regarding Collection Process

Do not document any medications on this form. Medication lists must be supplied to the MRO if applicable.

STEP 6-COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that it is fresh and I have not adulterated it in any manner; the specimen container was sealed with a tamper evident seal in my presence; and that the information provided on this form and on the label affixed to specimen container is correct. I also understand that the results of this test will be provided directly to the collection site/referring lab documented on this form.

Donor Signs Here — *Signature of Donor*

3/7/13 — *Date*

Donor Prints Name Here — *(Print) Donor Name*

313-282-1212 — *Daytime Phone*

Same — *Evening Phone*

(Phone numbers provided are for MRO use, if applicable) The lab will never contact the donor directly.

STEP 7-SPECIMEN TRANSPORT

Sealed and packaged specimen container released to courier:

FedEx

Name of Delivery Service Transferring Specimen to the Laboratory

REMAINING SECTIONS ARE FOR LABORATORY USE ONLY

RECEIVED AT LAB:

SIGNATURE OF ACCESSIONER

(PRINT) ACCESSIONER'S NAME DATE

PRIMARY SPECIMEN CONTAINER SEAL INTACT?

YES ☐ NO ☐

SPECIMEN CONTAINER RELEASED TO:

LAB ☐ STORAGE ☐

SPECIMEN ID NO

Security Label

SPECIMEN ID NO

Security Label

JD — Donor's Initials

3/7/13 — Date

WESTERN SLOPE LABORATORY

Accession Number

TOP COPY 1-LABORATORY **COPY 2**-COLLECTOR/MRO **COPY 3**-EMPLOYER **COPY 4**-DONOR