

CHAIN-OF-CUSTODY/REQUEST FORM FOR URINE/ORAL FLUID ANALYSIS

DONOR INFORMATION		REQUESTING AUTHORITY	
SURNAME:		NOMINATED REPRESENTATIVE:	
GIVEN NAME:		COMPANY:	
DOB: / /	Male: <input type="checkbox"/> Female: <input type="checkbox"/>	POSITION:	
ID#:		TELEPHONE:	FAX:
ADDRESS		EMAIL:	
IDENTITY OF DONOR VERIFIED BY:		TEST FOR ALL DRUGS OF ABUSE BY IMMUNOASSAY AS PER:	
Photo ID: <input type="checkbox"/> Other: <input type="checkbox"/>		AS/NZS4308:2008 <input type="checkbox"/>	
ID Type:	ID Number:	AS4760:2006 <input type="checkbox"/>	
		Further Conduct Confirmatory Testing as required	

DONOR CERTIFICATION/CONSENT/DECLARATION (To be completed by donor or parent/guardian)	
<p>I consent to the testing of my breath/urine/oral fluid sample for alcohol/drugs. _____ I certify that the breath/urine/oral fluid specimen accompanying this form is my own and was provided by me to the authorized collector. Further, I certify that for any on-site testing performed, such testing was carried out in my presence. I certify that for any of my specimens that are to be sent for laboratory testing, the containers were sealed with tamper-evident seals in my presence and that the information on the labels is correct. Also I certify that the information provided on this form is correct and I consent to the release of all test results together with all relevant details on this form to the nominated representative(s) of the requesting authority indicated above.</p> <p>I have taken the following medication, drugs or other non-prescription agents in the last 14 days (optional):</p>	
Donor/Guardian Signature:	Date:

COLLECTOR CERTIFICATION	
<p>I certify that I witnessed the donor signature and that the specimen identified on this form was provided to me by the donor whose consent and certification appears above, bears the same identification as set forth above, and that the urine/oral fluid specimen has been collected, divided, labelled and sealed in accordance with the relevant Australian Standard.</p>	
Name of Collector:	Date and time of Collection
Collector's Signature:	Collection Site:
Comments:	Temperature: °C. Colour:
	Creatinine Level: Normal / Abnormal

TEST RESULTS							
Initial Testing Device/Method: _____ Batch Number: _____ Expiry date: _____							
Alcolmeter Serial #: _____							
	Control Responses	Positive-OK	YES/NO	Negative-OK	YES/NO		
Drug/Drug Class:	Alcohol	Methylamp	Cocaine	Opiates	THC	Benzo	Other (Specify)
Initial Test Result:							
2nd Test Result (Alcohol Only)							
Key: N = Negative U = Unconfirmed / Non Negative							
Collector/Technician's Name:				Signature:			
NOTE: THIS ORIGINAL DOCUMENT MUST ACCOMPANY THE SPECIMEN(S) WHEN DISPATCHED FOR CONFIRMATION AND BE SEALED INSIDE THE SPECIMEN BAG.							

CHAIN-OF-CUSTODY				
Received by (Print)	Signature	Date/Time Received	Seal Intact	Labels Match
			YES/NO	YES/NO
			YES/NO	YES/NO
			YES/NO	YES/NO

Employer Copy (White)



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Laboratory Copy (Pink)