



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

DONOR INFORMATION					REQUESTING AUTHORITY				
SURNAME:				NOMINA	NOMINATED REPRESENTATIVE:				
GIVEN NAME:				COMPAI	COMPANY:				
DOB: / /	Ma	le: 🗌 Fem	nale: 🗆	POSITIO	N:				
ID#:				TELEPHONE: FAX:					
ADDRECC				EMAIL:					
ADDRESS	EDIFIED DV			TEST FO	R ALL DRUGS	OF ABUSE BY	IMMUNOASSAY	/ AS PER:	
IDENTITY OF DONOR VERIFIED BY:				AS/NZS4308:2008					
	Photo ID: Other: A\$4760:2006								
ID Type:	ID	Number:		Further	Further Conduct Confirmatory Testing as required				
I consent to the testing accompanying this form such testing was carried were sealed with tampe provided on this form is representative(s) of the I have taken the following	is my own a d out in my er-evident se correct and requesting a	and was pro presence. I deals in my p I consent to authority ind	ovided by me to the certify that for any presence and that to the release of all dicated above.	authorized coll of my specime the information test results tog	ector. Further, I ens that are to b n on the labels i ether with all re	certify that for be sent for labous s correct. Also elevant details	any on-site testi oratory testing, o I certify that th	ng performed, the containers ne information	
Donor/Guardian Signate	ure:						Date:		
			COLLECTO	OR CERTIFICAT	ION				
I certify that I witnessed and certification appears divided, labelled and sea	s above, be	ars the sam	e identification as	set forth above	e, and that the u				
Name of Collector:					Date and time of Collection				
Collector's Signature: Collection Site:									
Comments:					Temperature: °C. Colour:				
				Creatinine Level: Normal / Abnormal					
			TES	T RESULTS					
Initial Testing Device/M	ethod:		Batch N	umber:		Expiry da	te:		
Alcolmeter Serial #:									
	Responses		ive-OK	YES/NO		ative-OK	YES/NO		
Drug/Drug Class:		Alcohol	Methylamp	Cocaine	Opiates	THC	Benzo	Other (Specify)	
Initial Test Result:									
2nd Test Result (Alcoho									
Key : N = Negative U = U	Inconfirmed	/ Non Nega	ative						
Collector/Technician's N						Signature:			
NOTE: THIS ORIGINAL I			COMPANY THE SPE	ECIMEN(S) WH	EN DISPATCHEI	O FOR CONFIR	MATION AND B	E	
			CHAIN	-OF-CUSTODY					
Received by (Print) Signature Date/Time Received Seal Intact		Labels Match							
					YES	•		S/NO	

Employer Copy (White)

YES/NO

YES/NO









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

DONOR INFORMATION					REQUESTING AUTHORITY					
SURNAME:				NOMINA	NOMINATED REPRESENTATIVE:					
GIVEN NAME:				COMPAN	COMPANY:					
DOB: / /	Ma	le: 🗌 Fe	male: \square	POSITIO	POSITION:					
ID#:				TELEPHONE: FAX:						
15#.				EMAIL:						
ADDRESS					TEST FOR ALL DRUGS OF ABUSE BY IMMUNOASSAY AS PER:					
IDENTITY OF DONOR VERIFIED BY:					AS/NZS4308:2008					
Photo ID: Other:]			AS4760:2	AS4760:2006					
ID Type: ID Number:					Further Conduct Confirmatory Testing as required					
DO	NOR CERTIF	ICATION/	CONSENT/DECLAR	ATION (To be co	ompleted by do	nor or parent/	guardian)			
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. I have taken the following medication, drugs or other non-prescription agents in the last 14 days (optional):										
Donor/Guardian Signat	ture:						Date:			
			COLLECTO	OR CERTIFICAT	ION					
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.										
Name of Collector: Date and time of Collection										
Collector's Signature: Collection Site:										
Comments:				Temperature:	°C.	Colour:				
					Creatinine Level: Normal / Abnormal					
			TES	ST RESULTS						
Initial Testing Device/M	lethod:		Batch N	lumber:		Expiry da	te:			
Control	Responses	Posi	itive-OK	YES/NO	Neg	ative-OK	YES/NO			
Drug/Drug Class:		Alcoho	ol Methylamp	Cocaine	Opiates	THC	Benzo	Other (Specify)		
Initial Test Result:										
2nd Test Result (Alcoho	ol Only)									
Key: N = Negative U = U	Jnconfirmed	/ Non Neg	gative							
Collector/Technician's I	Vame:					Signature:				
NOTE: THIS ORIGINAL SEALED INSIDE			COMPANY THE SPE	ECIMEN(S) WHI	EN DISPATCHEI	O FOR CONFIR	MATION AND B	E		
CHAIN-OF-CUSTODY										
Received by (Print)	Signa	ature Date/Time Received Seal Intact Labels			Match					
					YES/NO		YES/NO			

AWDTS / AFDTS Copy (Green)

YES/NO

YES/NO

YES/NO

YES/NO









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

DO	ONOR INFORMATION			JESTING AU	THORITY		
			OMINATED REPRESENT	ATIVE:			
			OMPANY:				
DOB: / /	Male: ☐ F	emale: Po	DSITION:				
ID#:		Т	ELEPHONE:	FAX	i:		
		EI	MAIL:				
ADDRESS		Т	ST FOR ALL DRUGS OF	ABUSE BY	IMMUNOASSAY AS PER:		
IDENTITY OF DONOR V			S/NZS4308:2008				
Photo ID: Other:]		AS4760:2006				
ID Type:	ID Number:	Fu	Further Conduct Confirmatory Testing as required				
I consent to the testing accompanying this form such testing was carried were sealed with tampor provided on this form is representative(s) of the	g of my breath/urine/on is my own and was p d out in my presence. er-evident seals in my s correct and I consen requesting authority ng medication, drugs	provided by me to the authorized. I certify that for any of my see y presence and that the infort to the release of all test resu	drugs I certify ed collector. Further, I ce pecimens that are to be mation on the labels is lits together with all rele	that the breetify that for a sent for laborated correct. Also evant details of	guardian) eath/urine/oral fluid specimen any on-site testing performed, oratory testing, the containers o I certify that the information on this form to the nominated Date:		
Donot/Guardian Signat	ure.	COLLECTOR CERT			Date.		
and certification appear	rs above, bears the sa		above, and that the uri	ne/oral fluid	e by the donor whose consent specimen has been collected,		
Collector's Signature:		Collection Site:	Collection Site:				
Comments:			Temperature:	°C.	Colour:		
			Creatinine Level	: Normal /	/ Abnormal		
		CHAIN-OF-CU	STODY				
Received by (Print)	Signature	Date/Time Received	Seal Int	tact	Labels Match		
- 1 1			YES/N	0	YES/NO		
			YES/N	0	YES/NO		
			YES/N	0	YES/NO		

Laboratory Copy (Pink)