



**CLINICAL REFERENCE
LABORATORY**
8433 QUIVIRA • LENEXA, KANSAS 66215



SPECIMEN ID NO.

2045977205

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.

PH: /

B. MRO Name, Address, Phone and Fax No.

MR00940

ACCT: TBA. NON.

COMPANY NAME

DR NEIL J DASH

546 FRANKLIN AVE

MASSAPEQUA, NY 11758

PH: 800-526-9341

FX: 800-547-2966

FX: /

C. Donor I.D. No.

Donor
Name
(F, MI, L)

D. Reason for Test:

☐ Pre-employment☐ Random☐ Reasonable Suspicion/Cause☐ Post Accident☐ Return to Duty☐ Follow-up☐ Other (specify) _____

E. Drug Tests to be Performed: () P705 (SDSP) () V909 (SDSP/OXY)

F. Collection Site Name and Address:

Name: _____

Collector Phone No. PH: _____

Address: _____

City, St, Zip: _____

Collector Fax No. FX: _____

STEP 2: COMPLETED BY COLLECTORRead specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☐ Yes ☐ No, enter remark

Specimen Collection (CHECK ALL THAT APPLY)

☐ Urine Split☐ Saliva☐ Observed
(Enter Remark)☐ Urine Single☐ Blood

REMARKS:

STEP 3: Collector affixes container seal(s) to container(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 4**STEP 4: COMPLETED BY DONOR**

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

Date of Collection

/ / 20

Mo. Day Year

Date of Birth

/ /

Mo. Day Year

Daytime Phone No.

X

Signature of Donor

Evening Phone No.

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STEP 5: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section in step 4 of this form was collected, labeled, sealed and released to the Delivery Service noted.

Time and Date of Collection

X / / 20 AM PM

Signature of Collector

(PRINT) Collector's Name (First, MI, Last)

Mo. Day Year

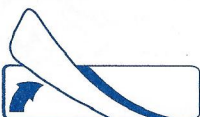
SPECIMEN CONTAINER(S) RELEASED TO:☐ Fed Ex☐ UPS☐ Courier☐ Other _____**RECEIVED AT LAB**

X / / 20

Signature of Accessioner

(PRINT) Accessioner's Name (First, MI, Last)

Mo. Day Year

**Primary Specimen
Container Seal Intact**☐ Yes ☐ No, enter remarks below**SPECIMEN CONTAINER(S) RELEASED TO:****CRL INTERNAL USE ONLY**Blood Received ☐ Serum☐ Purple Top☐ Grey TopUrine Also? ☐ Yes ☐ NoPeel on an upward
angle across form.Do not peel directly
across form.

Date (Mo. Day Yr.)

Donor's Initials

**SPECIMEN
CONTAINER
SEAL**

Date (Mo. Day Yr.)

Donor's Initials

**SPECIMEN
CONTAINER
SEAL****PLACE****A****OVER CAP****PLACE****B****OVER CAP**

SPLIT

SPLIT



2045977205

SPECIMEN ID NO.

A



2045977205

SPECIMEN ID NO.

B (SPLIT)