

Signature _

PINK PAD

Given Name	URINE DRUG TES	Affix Barcode Here									
Done Description Done Does	Family Name	ALET ST			(Given Name					
Results To				[
Pro-employment											
Invoice To	Name of Company/Institutio		4		Results To						
Reason For Test	PO Number / Dept		1.4		Email —						
Laboratory Testing	Invoice To			,	Address						
Laboratory Testing MS Confirmation only Screen & MS Confirmation AS/NZS 4308	Reason For Test	-employmen	t		☐ Random ☐ Reasonable Cause						
AS/NZS 4308 Tests Required at Laboratory Benzodiazepines Cocaine Metabolites Other (Specify) MEDICATIONS (including dosage) MEDICATIONS (including dosage) Specimen Type Urine Urine Urine temperature has been read within 4 minutes YES NO Within Range 33-38°C YES NO Specimen Integrity Tests Pass Fail Specify: Oxide/Bleach PH Creatmine Nitrate Other (Specify) TEST RESULTS Screening Test Device Lot Number Expiry Date Drug/Drug Class MET AMP Cocaine Opiates THC Benzo Other (Specify) Screening Test Result Not Negative = U In accordance with AS/NZS 4308: 2008 any report on a drug screen returning a "Not Negative" (U) result dannot state the specific drug class to be confirmed by the Laboratory. DONOR CERTIFICATION/CONSENT/DECLARATION (To be completed by donor or parent/guardian) Leartify that the urine specimen associated with this form is my own and was provided by me to the authorised collector. Further, Leartify that the information provided on this form to scored and locased above. Leartify that the information provided on this form is correct and locased above. Leartify that the information provided on this form is correct and locased above. Leartify that the information provided on this form is correct and locased above. Leartify that the information provided on this form was provided to me by the donor whose consent and drift the information and the labels is correct. Date of Collectors Signature and that the specimen identification as set forth above, and that the urine/oral fluid specimen has been collected, divided, labeled and scaled in accordance with the AS/NZS 4308: 2008. Name of Collector Collector Signature Chain Of CustoDy - To BE COMPLETED BY THE LABORATORY Specimen Name as adequate Specimen Na		□ Dru	ig Rehab Pro	gramme		□ Post Acc	cident	Other			
Specimen Type	Laboratory Testing ☐ MS Confirmation only ☐ Screen & MS Confirmation										
Specimen Type					ces	□ Cannabinoids □ Opiates					
Specimen Type	Tests Required at Laborato	ory □ Ber	nzodiazepines	5		☐ Cocaine	Metabolites	☐ Other (Specify)			
TEST RESULTS Screening Test Device	MEDICATIONS (including d	osage)									
TEST RESULTS Screening Test Device					-						
TEST RESULTS Screening Test Device	Specimen Type	☐ Urine	Urine tempe	rature has be	een read with	nin 4 minutes	□ YES □	NO Within Range 33-38°C ☐ YES ☐ NO			
Screening Test Device	Specimen Integrity Tests	Pass	Fail □ →	Speci	fy: Oxide/E	Bleach □ p	oH ☐ Creat	tinine Nitrate Other (Specify)			
Screening Test Result Result Negative = N Result Not Negative = U In accordance with AS/NZS 4308 : 2008 any report on a drug screen returning a "Not Negative" (U) result cannot state the specific drug class to be confirmed by the Laboratory. DONOR CERTIFICATION/CONSENT/DECLARATION (To be completed by donor or parent/guardian) I certify that the urine specimen associated with this form is my own and was provided by me to the authorised collector. Further, 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 nominated representative(s) of the requesting authority indicated above. 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. Donor/Guardian Signature Date COLLECTOR CERTIFICATION 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, labeled and sealed in accordance with the AS/NZS 4308 : 2008. Name of Collector Date of Collection Collection Site Collection Site Collection Site Collection Site Collection Site Specimen ID on form and bottle match Specimen Receipt Specimen labeled correctly Specimen volume is adequate				Lot N	Number			Expiry Date			
Result Negative = N Result Not Negative = U In accordance with AS/NZS 4308 : 2008 any report on a drug screen returning a "Not Negative" (U) result cannot state the specific drug class to be confirmed by the Laboratory. DONOR CERTIFICATION/CONSENT/DECLARATION (To be completed by donor or parent/guardian) I certify that the urine specimen associated with this form is my own and was provided by me to the authorised collector. Further, 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 nominated representative(s) of the requesting authority indicated above. 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. Donor/Guardian Signature Date COLLECTOR CERTIFICATION I certify that It 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, labeled and sealed in accordance with the AS/NZS 4308 : 2008. Name of Collector Date of Collection Collector's Signature Collection Site Collector NZQA Certified YES NO Tubes Fully Labelled YES NO Comments CHAIN OF CUSTODY - TO BE COMPLETED BY THE LABORATORY Specimen Receipt Received By No of Tubes No of Tubes Specimen iD on form and bottle match Specimen labeled correctly Specimen labeled correctly Specimen adequate	Drug/Drug Class	MET	AMP	Cocaine	Opiates	THC	Benzo	Other (Specify)			
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Collection Site Collector NZQA Certified	certification appears above,	bears the sa	me identificat	tion as set fo							
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CHAIN OF CUSTODY - TO BE COMPLETED BY THE LABORATORY Specimen Receipt Received By No of Tubes Specimen ID on form and bottle match Collector's signature certification all correct Specimen volume is adequate	Collection Site				Collector NZ	'QA Certified	□ YES □	NO Tubes Fully Labelled ☐ YES ☐ NO			
Specimen Receipt Received By No of Tubes No of Tubes Specimen volume is adequate	Comments										
Specimen Receipt Received By No of Tubes No of Tubes Specimen volume is adequate											
Specimen Receipt Received By No of Tubes No of Tubes Specimen volume is adequate								And			
Received By No of Tubes Collector's signature certification all correct Specimen volume is adequate		BE COMPLE	ETED BY TH	E LABORAT							
□ Specimen volume is adequate											
	Date/Time										

☐ Specimen appearance acceptable☐ Donor's declaration, signature completed



BLUE PAD



URINE DRUG TESTING CUSTODY AND CONTROL FORM Affix Barcode Here							
Family Name							
Donor ID Verify #1							
<u> </u>		DOB					
Name of Company/Institution_		Results To					
PO Number / Dept		Email					
Invoice To		Address					
Reason For Test	☐ Pre-employment	☐ Random	☐ Reasona	able Cause			
	☐ Drug Rehab Programme	☐ Post Acci	dent Other _	<u> </u>			
AS/NZS 4308	☐ Amphetamine Type Substances	☐ Cannabin	oids				
Tests/Confirmation required	☐ Benzodiazepines	☐ Cocaine N	Metabolites ☐ Other (S	☐ Other (Specify)			
Laboratory Testing	☐ MS Confirmation only	☐ Screen & N	/IS Confirmation				
MEDICATIONS (including dosa	ge)						
I certify that the urine specimen I certify that the information pro form to nominated representativ I certify that for any of my speci and that the information on the	associated with this form is my own and was vided on this form is correct and I consent to the ve(s) of the requesting authority indicated about mens that are to be sent for laboratory testing labels is correct.	provided by mo he release of a re. , the containers	e to the authorised collector. Further, I test results together with all relevant of the sealed with tamper-evident sealed.				
COLLECTOR CERTIFICATION							
I certify that I witnessed the dor	nor signature and that the specimen identified ars the same identification as set forth above,	on this form wa and that the uri	as provided to me by the donor whose ne/oral fluid specimen has been collec	consent and ted, divided, labeled			
Name of Collector			Date of Collection				
Collector's Signature			Time of Collection				
Collection Site	Collector N	ZQA Certified	☐ YES ☐ NO Tubes Fully Labe	elled 🗆 YES 🗆 NO			
Comments		_Temp Check □ Pass □ Fail					
			Integrity Check ☐ Pass ☐ Fail				
	COMPLETED BY THE LABORATORY		☐ Specimen ID on form and bottle	e match			
Specimen Receipt			☐ Specimen labeled correctly☐ Collector's signature certificatio	in all correct			
	No of Tubes		☐ Specimen volume is adequate	n an conect			
Date/Time			☐ Specimen bottle and box and b				
			☐ Specimen appearance acceptal☐ Donor's declaration, signature of				
Signature		<u> </u>	☐ Required Information completed				