

URINE DRUG TESTING CUSTODY AND CONTROL FORM

Affix Barcode Here

Family Name _____ Given Name _____
 Donor ID Verify #1 _____ Donor ID Verify #2 _____
 _____ DOB _____

Name of Company/Institution _____ Results To _____
 PO Number / Dept _____ Email _____

Invoice To _____ Address _____

Reason For Test Pre-employment Random Reasonable Cause
 Drug Rehab Programme Post Accident Other _____

Laboratory Testing MS Confirmation only Screen & MS Confirmation

AS/NZS 4308 Tests Required at Laboratory Amphetamine Type Substances Cannabinoids Opiates
 Benzodiazepines Cocaine Metabolites Other (Specify) _____

MEDICATIONS (including dosage) _____

Specimen Type 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 Creatinine 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							

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 _____
 Collector's Signature _____ Time of Collection _____
 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

Date/Time _____

Signature _____

- Specimen ID on form and bottle match
- Specimen labeled correctly
- Collector's signature certification all correct
- Specimen volume is adequate
- Specimen bottle and box and bag seals intact
- Specimen appearance acceptable
- Donor's declaration, signature completed

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 Collection Site _____ Collector NZQA Certified YES NO Tubes Fully Labelled YES NO
 Comments _____ Temp Check Pass Fail
 _____ Integrity Check Pass Fail

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 Date/Time _____
 Signature _____

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- Specimen labeled correctly
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- Specimen volume is adequate
- Specimen bottle and box and bag seals intact
- Specimen appearance acceptable
- Donor's declaration, signature completed
- Required Information completed and legible