

S0474623



S0474623 SPECIMEN ID NO. 26450



ORAL FLUID SPECIMEN

LAB ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Requesting Agency, I.D. No. AMSFEGRP-FES-Yards Creek / i3screen ID# 26450 Walnut Valley Rd Blairstown, NJ, USA, 07825 724-834-8800 FAX: 630-849-2589

B. MRO Name, Address, Phone and Fax No. Dr. David Nahin 9501 Northfield Blvd Denver, CO, 80238 877-585-7366 FAX: 855-253-5666

C. Donor Name [grid] (Last, First, Middle)

Donor SSN or Employee I.D. No. [grid]

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: [] Oral Fluid 6 Panel [x] Oral Fluid 10 Panel [] Other (specify) _____

F. Collection Site Address: Amerisafe Group / i3screen ID# 22182 4000 Hempfield Plaza Blvd, Ste 992 Greensburg, PA, USA, 15601 724-834-8800

STEP 2: COMPLETED BY COLLECTOR

ORAL FLUID COLLECTION DEVICE EXPIRATION DATE: _____ REMARKS: _____

STEP 3: Collector affixes seal to oral specimen vial, Donor initials and dates seal, Donor completes STEP 5.

STEP 4: 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 5 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable requirements.

X _____ Signature of Collector AM/PM Time of Collection (PRINT) Collector's Name (First, MI, Last) Date (Mo./Day/Yr.)

SPECIMEN RELEASED TO: _____ COURIER Name of Delivery Service Transferring Specimen to Lab

DO NOT WRITE IN THIS SECTION. FOR LABORATORY USE ONLY.

RECEIVED AT LAB: X _____ Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Date (Mo./Day/Yr.)

Specimen Seal Intact A [] Yes B [] Yes A [] No, Enter Remark Below B [] No, Enter Remark Below SPECIMEN RELEASED TO:

Laboratory Remarks

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; the specimen 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 the Oral Specimen Vial is correct.

X _____ Signature of Donor (PRINT) Donor's Name (First, MI, Last) Date (Mo./Day/Yr.) Daytime Phone No. () Evening Phone No. () Date of Birth / / Mo. Day Yr.

A Sample - Label 1

ORAL SPECIMEN VIAL SEAL



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A SAMPLE

Donor's Initials / / Date (Mo. Day Yr.)

ORAL SPECIMEN VIAL SEAL



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B Sample - Label 2

B SAMPLE

Donor's Initials / / Date (Mo. Day Yr.)

PROVIDE SAMPLE "B" ONLY IF SPECIFIED

ORAL SPECIMEN VIAL SEAL

PLEASE PLACE SEAL OVER CAP ON ORAL SPECIMEN VIAL

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES