



40029376 1243504 SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No. UNPRO - FIRST LAB

100 HIGHPOINT DR STE 102 CHALFONT PA 18914 PH: 215-396-5500 FAX: 215-396-5610

B. MRO Name, Address, Phone and Fax No. FORM ID: CS0H500065

NATALIE HARTENBRUM, MD FIRSTSOURCE SOLUTIONS 100 HIGHPOINT DR STE 102 CHALFONT PA 18914 PH: 215-396-5500 FAX: 215-396-5610

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last: First:

E. Donor ID Verified: Photo ID Emp. Rep.

F. Reason for Test: Pre-employment (1) Random (3) Reasonable Suspicion/Cause (5) Post-Accident (2) Promotion (22) Return to Duty (6) Follow-up (23) Other (specify) (99)

G. Drug Tests to be Performed: OPTION 3 OPTION 4 OPTION 5 OPTION 6 OPTION 7 OPTION 8 OPTION 9 OPTION 10 OPTION 11 OPTION 12 ATTENTION COLLECTORS DONOR MUST PAY COLLECTION SITE FOR COLLECTION FEES PYMT TYPE RECD

H. Collection Site Name: Address: City, State and Zip: Collection Site Code: Collector Phone No.: Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Specimen Collection: Split Single None Provided (Enter Remark) Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). 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 on Copy 1 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X Signature of Collector Time of Collection AM PM SPECIMEN BOTTLE(S) RELEASED TO: Quest Diagnostics Courier FedEx Other Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: X Signature of Accessioner Date (Mo./Day/Yr.) Primary Specimen Bottle Seal Intact Yes No, Enter Remark SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: 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 and numbers provided on this form and on the label affixed to each specimen bottle 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.

LABORATORY LABEL: CENTER OVER CAP (A) CENTER OVER CAP (B) SPECIMEN ID NUMBER 40029376 - 1243504

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