FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



Attachment C

SPECIMEN ID NO.	1234567
A. Employer Name, Address, I.D. No.	B. MRO Name, Address, Phone and Fax No.
C. Donor SSN or Employee I.D. No. D. Reason for Test: Pre-employment Random Return to Duty Follow-up E. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP F. Collection Site Address:	· Committee (opening)
STEP 2: COMPLETED BY COLLECTOR	Collector Fax No.
Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark	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). D STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COM-	
	SPECIMEN BOTTLE(S) RELEASED TO: SPECIMEN BOTTLE(S) RELEASED TO:
RECEIVED AT LAB: X Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Date (Mo/D)	Name of Delivery Service Transferring Specimen to Lab Primary Specimen Bottle Seal Intact Yes No, Enter Remark Below
STEP 5a: PRIMARY SPECIMEN TEST RESULTS - COMPLETED BY PR NEGATIVE	PRIMARY LABORATORY OUTE CODEINE CAMPULETAMINE CAPULITY COTE
X	sing chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.
Signature of Certifying Scientist STEP 5b: SPLIT SPECIMENTEST RESULTS - (IFTESTED) COMPLETE	(PRINT) Certifying Scientist's Name (First, MI, Last) Date (Mo./Day/Yr.) Date (Mo./Day/Yr.)
I abordon No.	FAILED TO RECONFIRM - REASON— nen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, with applicable Federal requirements. ying Scientist (PRINT) Certifying Scientist's Name (First, MI, Last) Dale (Mo/DayYr.)
1234567 A SPECIMEN ID NO.	PLACE OVER SPECIMEN BOTTLE SEAL Donor's Initials
1234567 B SPECIMEN ID NO. (SPLIT)	PLACE OVER CAP SPECIMEN BOTTLE SEAL Donor's Initials

Signature of Medical Review Officer

1234567

	R OR EMPLOYER REPRESE	NTATIVE				
A. Employer Name, Address, I.D. N	0.		B. MRO N	ame, Address,	Phone and Fax N	0.
C. Donor SSN or Employee I.D. No.	•					
D. Reason for Test: Pre-emp						
	turn to Duty Follow-		sonable Su Other (spe	spicion/Cause	☐ Post Accide	ent
E. Drug Tests to be Performed: F. Collection Site Address:	THC, COC, PCP, OPI, AME		C & COC		(specify)	
				c	pilector Phone No.	
				C	ellector Fax No	
STEP 2: COMPLETED BY COLLECTOR	R					
Read specimen temperature within	n 4 minutes. Is temperature	Specime	n Collection	on:		T
between 90° and 100° F? ☐ Yes	☐ No, Enter Remark	Split	☐ Single	☐ None Provide	ed (Enter Remark)	Observed (Enter Remark
REMARKS		2				Dealer and a series
STEP 3: Collector affixes bottle seal(s) to	bottle(s). Collector dates seal(s).	. Donor initials	s seal(s). Do	nor completes ST	EP 5 on Cooy 2 (MR	O Convl
STEP 4: CHAIN OF CUSTODY - INITIAT	TED BY COLLECTOR AND CO	OMPLETED	BY LABOR	ATORY		• • • •
I certify that the specimen given to me by the accordance with applicable Federal requirement	donor identified in the certification ents.	section on Cop				
X		AM PM	SPECIN	IEN BOTTLE(S) RELEASED TO	:
Signature of Collector	Time of Co	ollection				
(PRINT) Collector's Name (First, MI,	, Last) Date (Mo./	/Day/Yr.)	.	Name of Del	very Service Transferring	Specimen to Lab
RECEIVED AT LAB:			Prima	ry Specimen		LE(S) RELEASED TO:
Χ		>	Bottl	e Seaf Intact		
Signature of	Accessioner	, .	□Yes			AMERICA 200 - 1 PRINTED 200
(PRINT) Accessioner's Name (First,	. Ml. Last) Date (Mo	Day/Yr.)	□No, Ent	er Remark Below		
TEP 5: COMPLETED BY DONOR						The first of the f
I certify that I provided my urine spe- evident seal in my presence; and that	cimen to the collector; that I ha at the information provided on t	ive not adulte this form and	erated it in a	ny manner; each	specimen bottle us	ed was sealed with a tamper-
X	ar are arrest manor, provided on t	uno torm and	On the labe	anixed to each	specimen boule is d	опесі. Шй
Signature of Donor		(P	RINT) Donor's	Name (First, MI, Last)		Date (Mo. / Day / Yr.)
Daytime Phone No. (Evening F	Phone No. <u>(</u>)		Date of E	Birth/
Should the results of the laboratory to about prescriptions and over-the-countries LIST IS NOT NECESSARY. If PROVIDE THIS INFORMATION ON	unter medications you may hav you choose to make a list, do s THE BACK OF ANY OTHER (ve taken. Theo so either on a COPY OF TH	refore, you i senarate r	may want to make piece of naner or o	e a list of those med	ications for your own records
TER C. COMOLETER BY MEDICAL DE		SPECIMEN			Table Andrew Clean Control	A CONTROL OF THE PROPERTY OF T
LES 9: COMPLETED BY MEDICAL RE	EVIEW OFFICER - PRIMARY :					
In accordance with applicable Fede In NEGATIVE POSITIVE DILUTE		REFUSA		T BECAUSE:	TITUTED	
In accordance with applicable Fede ☐ NEGATIVE ☐ POSITIVE	eral requirements, my detern	REFUSA	AL TO TES	T BECAUSE:	TITUTED	
In accordance with applicable Fede NEGATIVE POSITIVE DILUTE REMARKS	eral requirements, my detern	REFUSA	AL TO TES DULTERATI	TBECAUSE: ED □SUBS		
In accordance with applicable Fede NEGATIVE POSITIVE DILUTE REMARKS Signature of Medical Review	eral requirements, my detern TEST CANCELLED Officer	□ REFUSA □ AC	AL TO TES DULTERATI	T BECAUSE:		Date (Mo./Day/Yr.)
In accordance with applicable Fede NEGATIVE POSITIVE DILUTE REMARKS Signature of Medical Review TEP 7: COMPLETED BY MEDICAL RE	eral requirements, my detern TEST CANCELLED Officer EVIEW OFFICER - SPLIT SPE	REFUSA AD (PE	AL TO TES DULTERATI	T BECAUSE: ED □ SUBS	(First, MI, Last)	-
In accordance with applicable Fede NEGATIVE POSITIVE DILUTE REMARKS Signature of Medical Review STEP 7: COMPLETED BY MEDICAL REVIEW	eral requirements, my detern TEST CANCELLED Officer EVIEW OFFICER - SPLIT SPE	REFUSA AD (PE	AL TO TES DULTERATI	T BECAUSE: ED □ SUBS	(First, MI, Last)	-

Ħ

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo/Day/Yr.)

A Employer Name Address LD No.	REPRESENTATIVE
A. Employer Name, Address, LD. No.	B. MRO Name, Address, Phone and Fax No.
C. Danor SSN or Employee I.D. No.	
0.0	andom Reasonable Suspicion/Cause Post Accident
	Follow-up Other (specify)
E. Drug Tests to be Performed: THC, COC, PCF Collection Site Address:	P. OPI, AMP THC & COC Only Other (specify)
	Collector Phone No.
	Collector Fax No
TEP 2: COMPLETED BY COLLECTOR	
Read specimen temperature within 4 minutes. Is tembetween 90° and 100° F? ☐ Yes ☐ No, Enter Remarks	nperature Specimen Collection:
REMARKS	
TEP 3: Collector affixes bottle seal(s) to bottle(s). Collector da	ates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)
TEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTO	OR AND COMPLETED BY LABORATORY certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted it
accordance with applicable Federal requirements.	CDECIMEN POTTI E(C) DEI EACED TO
X Signature of Collector	Time of Collection
	/ /
(PRINT) Collector's Name (First, MI, Last)	Date (Mo/Day/Yr.) Name of Delivery Service Transferring Specimen to Lab
RECEIVED AT LAB:	Primary Specimen SPECIMEN BOTTLE(S) RELEASED TO:
	Bottle Seal Intact
Signature of Accessioner	Bottle Seal Intact
	Bottle Seal Intact
Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last)	Bottle Seal Intact
Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) TEP 5: COMPLETED BY DONOR I certify that I provided my urine specimen to the collector evident seal in my presence; and that the information pro-	Bottle Seal Intact
Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) TEP 5: COMPLETED BY DONOR I certify that I provided my urine specimen to the collector	Bottle Seal Intact Yes No, Enter Remark Below Or; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-ovided on this form and on the label affixed to each specimen bottle is correct.
Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) TEP 5: COMPLETED BY DONOR I certify that I provided my urine specimen to the collector evident seal in my presence; and that the information pro	Bottle Seal Intact Yes No. Enter Remark Below Or; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-ovided on this form and on the label affixed to each specimen bottle is correct.
Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) TEP 5: COMPLETED BY DONOR I certify that I provided my urine specimen to the collector evident seal in my presence; and that the information proceed to the collector evident seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the information pro	Bottle Seal Intact Yes
(PRINT) Accessioner's Name (First, MI, Last) TEP 5: COMPLETED BY DONOR I certify that I provided my urine specimen to the collectic evident seal in my presence; and that the information pro Signature of Donor Daytime Phone No. () Should the results of the laboratory tests for the specime about prescriptions and over-the-counter medications you THIS LIST IS NOT NECESSARY. If you choose to make	Bottle Seal Intact Yes
Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) TEP 5: COMPLETED BY DONOR I certify that I provided my urine specimen to the collector evident seal in my presence; and that the information processed in my presence; and the information processed in my presence; and the information proces	Bottle Seal Intact Yes
Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) TEP 5: COMPLETED BY DONOR I certify that I provided my urine specimen to the collectic evident seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the informa	Bottle Seal Intact Yes
Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) TEP 5: COMPLETED BY DONOR I certify that I provided my urine specimen to the collectic evident seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the information p	Bottle Seal Intact Yes
Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) TEP 5: COMPLETED BY DONOR I certify that I provided my urine specimen to the collectic evident seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the information p	Bottle Seal Intact Yes
Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) TEP 5: COMPLETED BY DONOR I certify that I provided my urine specimen to the collector evident seal in my presence; and that the information proceed to the collector evident seal in my presence; and that the information procedure of Donor Daytime Phone No. () Should the results of the laboratory tests for the specime about prescriptions and over-the-counter medications by THIS LIST IS NOT NECESSARY. If you choose to make PROVIDE THIS INFORMATION ON THE BACK OF ANY TEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - For accordance with applicable Federal requirements, NEGATIVE POSITIVE TEST CANCE DILUTE REMARKS Signature of Medical Review Officer	Bottle Seal Intact Yes Date (Mo/Day/Yr.) No, Enter Remark Below Or; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper- provided on this form and on the label affixed to each specimen bottle is correct. (PRINT) Donor's Name (First, MI, Last) Date (Mo./Day/Yr.) Evening Phone No. Date of Birth Mo. Day Yr. en identified by this form be confirmed positive, the Medical Review Officer will contact you to ask our may have taken. Therefore, you may want to make a list of those medications for your own records. It is a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). —DO NOT YOTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU. PRIMARY SPECIMEN REFUSAL TO TEST BECAUSE: ADULTERATED SUBSTITUTED Order (Mo./Day/Yr.)
Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) TEP 5: COMPLETED BY DONOR I certify that I provided my urine specimen to the collectic evident seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and the information proce	Bottle Seal Intact Yes
Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) TEP 5: COMPLETED BY DONOR I certify that I provided my urine specimen to the collectic evident seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and that the information proceed to seal in my presence; and the information proce	Bottle Seal Intact Yes
Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) TEP 5: COMPLETED BY DONOR I certify that I provided my urine specimen to the collectic evident seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and that the information proceed to the seal in my presence; and the seal in my presence	Bottle Seal Intact Yes

SPECIMEN ID NO.

A. Employer Name, Address, I.D. No.		B. MRO Name	, Address, F	hone and Fax No	0.	
C. Donor SSN or Employee I.D. No.						
	yment Random	D Descendable Surgici	ofCours	C Door Assistan		
		Other (specify).	easonable Suspicion/Cause Post Accident Other (specify)			
Drug Tests to be Performed: [Collection Site Address:	THC, COC, PCP, OPI, AMP	□THC & COC Only	Other	(specify)		
			Co	lector Phone No		
			Co	lector Fax No		
TEP 2: COMPLETED BY COLLECTOR						
Read specimen temperature within between 90° and 100° F? ☐ Yes	4 minutes. Is temperature No, Enter Remark	Specimen Collection:	None Provide	d (Enter Remark)	Observed (Enter Remar	
REMARKS		conflored DeCorpto, of a superior but to be taken APPLY (New Yorks)				
TEP 3: Collector affixes bottle seal(s) to bo	ottle(s). Collector dates seal(s). Do	onor initials seal(s). Donor o	completes STE	P 5 on Copy 2 (MR	О Сору)	
TEP 4: CHAIN OF CUSTODY - INITIATE certify that the specimen given to me by the c				eled sealed and relea	ased to the Delivery Service noted	
accordance with applicable Federal requirement		COECIMEN		RELEASED TO		
Signature of Collector		PM			•	
Signature of Collector	Time of Collect	ction /				
(PRINT) Collector's Name (First, MI, L	.ast) Date (Mo./Da	/(Yr.) >		on the second se		
ECEIVED AT LAB		Primary S	pecimen	SPECIMEN BOTT	TLE(S) RELEASED TO:	
	Control Control	Bottle Se	•		(-/	
Signature of A	ccessioner	□Yes				
(PRINT) Accessioner's Name (First, N	/II, Last) Date (Mo/D	av/Yr.) No, Enter Re	mark Below			
EP 5: COMPLETED BY DONOR				Et al	700 TH 11 500 TH	
I certify that I provided my urine spece evident seal in my presence; and that	imen to the collector; that I have the information provided on this	not adulterated it in any n s form and on the label aff	nanner; each ixed to each s	specimen bottle us specimen bottle is c	ed was sealed with a tamper correct.	
Signature of Donor		(PRINT) Donor's Name	(First, MI, Last)		Date (Mo. / Day / Yr.)	
Daytime Phone No. (Evening Ph	one No. <u>(</u>)		Date of E		
Should the results of the laboratory to about prescriptions and over-the-cour THIS LIST IS NOT NECESSARY. If y PROVIDE THIS INFORMATION ON T	nter medications you may have to choose to make a list, do so	taken. Therefore, you may either on a separate piece	want to make of paper or c	e a list of those med on the back of your	dications for your own records	
TEP 6: COMPLETED BY MEDICAL RE	VIEW OFFICER - PRIMARY SP	PECIMEN	THE RESERVE THE THE PARTY OF TH	A VII. 1 10 10 10 10 10 10 10 10 10 10 10 10 1	200 State Communication of Communication (Communication Communication Co	
n accordance with applicable Feder. □ NEGATIVE □ POSITIVE □ DILUTE	.	nation/verification is: □ REFUSAL TO TEST □ ADULTERATED		TITUTED		
REMARKS						
X					1 /	
Signature of Medical Review		(PRINT) Medical Reve	w Officer's Name	(First, MI, Last)	Dale (Mo/Diry(Yr))	
EP 7: COMPLETED BY MEDICAL RE	VIEW OFFICER - SPLIT SPEC	IMEN		XXXXX		
n accordance with applicable Feder	5 5	ination/verification for th	ne split spec	imen (if tested) is	S.	
☐ RECONFIRMED ☐ FAIL	.ED TO RECONFIRM - REASON					
X					/ /	
6.X	-	(PRINT) Medical Revie	2040 JA 44	and the second	M. V. MA. 475 - B.L.V.	

1234567

Signature of Medical Review Officer

-		

(PRINT) Medical Review Officer's Name (First, Mt. Last).

Date (Mo/Day/Yr.)

Paperwork Reduction Act Notice (as required by 5 CFR 1320.21)

Public reporting burden for this collection of information, including the time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the collection of information is estimated for each respondent to average: 5 minutes/donor; 4 minutes/collector; 3 minutes/laboratory; and 3 minutes/Medical Review Officer. Federal employees may send comments regarding these burden estimates, or any other aspect of this collection of information, including suggestions for reducing the burden, to the SAMHSA Reports Clearance Officer, Paperwork Reduction Project (0930-0158), Room 7-1044, One Choke Cherry Road, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0158.

Back of Copies 1, 2, 3, and 4

Instructions for Completing the Federal Drug Testing Custody and Control Form

- A Collector ensures that the name and address of the drug testing laboratory appear on the top of the CCF and the Specimen I.D. number on the top of the CCF matches the Specimen I.D. number on the labels/seals.
- B. Collector provides the required information in STEP 1 on the CCF. The collector provides a remark in STEP 2 if the donor refuses to provide his/her SSN or Employee I.D. number.
- C. Collector gives a collection container to the donor for providing a specimen.
- D. After the donor gives the specimen to the collector, the collector checks the temperature of specimen within 4 minutes and marks the appropriate temperature box in STEP 2 on the CCF. The collector provides a remark if the temperature is outside the acceptable range.
- E. Collector checks the split or single specimen collection box. If no specimen is collected, that box is checked and a remark is provided. If it is an observed collection, that box is checked and a remark is provided. If no specimen is collected, Copy 1 is discarded and the remaining copies are distributed as required.
- F. Donor watches the collector pouring the specimen from the collection container into the specimen bottle(s), placing the cap(s) on the specimen bottle(s), and affixing the label(s)/seal(s) on the specimen bottle(s).
- G. Collector dates the specimen bottle label(s) after they are placed on the specimen bottle(s).
- H. Donor initials the specimen bottle label(s) after the label(s) have been placed on the specimen bottle(s).
- I. Collector turns to Copy 2 (MRO Copy) and instructs the donor to read the certification statement in STEP 5 and to sign, print name, date, provide phone numbers, and date of birth after reading the certification statement. If the donor refuses to sign the certification statement, the collector provides a remark in STEP 2 on Copy 1.
- J. Collector completes STEP 4 (i.e., provides signature, printed name, date, time of collection, and name of delivery service), immediately places the sealed specimen bottle(s) and Copy 1 of the CCF in a leak-proof plastic bag, releases specimen package to the delivery service, and distributes the other copies as required.

Privacy Act Statement: (For Federal Employees Only)

Submission of the information on the attached form is voluntary. However, incomplete submission of the information, refusal to provide a urine specimen, or substitution or adulteration of a specimen may result in delay or denial of your application for employment/appointment or may result in removal from the Federal service or other disciplinary action.

The authority for obtaining the urine specimen and identifying information contained herein is Executive Order 12564 ("Drug-Free Federal Workplace"), 5 U.S.C. § 3301 (2), 5 U.S.C. § 7301, and Section 503 of Public Law 100-71, 5 U.S.C. § 7301 note. Under provisions of Executive Order 12564 and 5 U.S.C. 7301, test results may only be disclosed to agency officials on a need-to-know basis. This may include the agency Medical Review Officer, the administrator of the Employee Assistance Program, and a supervisor with authority to take adverse personnel action. This information may also be disclosed to a court where necessary to defend against a challenge to an adverse personnel action.

Submission of your SSN is not required by law and is voluntary. Your refusal to furnish your number will not result in the denial of any right, benefit, or privilege provided by law. Your SSN is solicited, pursuant to Executive Order 9397, for purposes of associating information in agency files relating to you and for purposes of identifying the specimen provided for urinalysis testing for illegal drugs. If you refuse to indicate your SSN, a substitute number or other identifier will be assigned, as required, to process the specimen.

In the event laboratory analysis determines the presence of one or more illegal drugs in the specimen you provide, you will be contacted by an agency Medical Review Officer (MRO). The MRO will determine whether there is a legitimate medical explanation for the drug(s) identified by urinalysis.

Paperwork Reduction Act Notice (as required by 5 CFR 1320.21)

Public reporting burden for this collection of information, including the time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the collection of information is estimated for each respondent to average: 5 minutes/donor; 4 minutes/collector; 3 minutes/laboratory; and 3 minutes/Medical Review Officer. Federal employees may send comments regarding these burden estimates, or any other aspect of this collection of information, including suggestions for reducing the burden, to the SAMHSA Reports Clearance Officer, Paperwork Reduction Project (0930-0158), Room 7-1044, One Choke Cherry Road, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0158.