



Toll Free 1 (877) 778-9590

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

INSTRUCTIONS ON REVERSE SIDE

A. Employer Name, Address, I.D. No. \_\_\_\_\_ B. MRO Name, Address, Phone and Fax No. \_\_\_\_\_

C. Donor Name Or Other ID \_\_\_\_\_  
Last - First

Donor SSN \_\_\_\_\_

D. Reason for Test:  Pre-employment  Random  Reasonable Suspicion/Cause  Post Accident (specify type) \_\_\_\_\_  
 Return to Duty  Follow-up (specify) \_\_\_\_\_  Other (specify) \_\_\_\_\_

E. Drug Tests to be Performed:  DFW50  EDS50  Blood Alcohol  
 DFW50A  EDS50A  
 DFW50F  EDS50F  Confirmation \_\_\_\_\_ (Test Descriptions on Reverse Side)  
 DFW50G  EDS50G  
 Other (specify) \_\_\_\_\_

F. Collection Site Address: \_\_\_\_\_  
Collection Site Phone No. (\_\_\_\_) \_\_\_\_\_  
Collection Site Fax No. (\_\_\_\_) \_\_\_\_\_

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F?  Yes  No, Enter Remark \_\_\_\_\_

Specimen Collection:  Split  Single  Urine  Oral Fluids  Hair  ID Verified  Observed (Enter Remark) \_\_\_\_\_

REMARKS

STEP 3: Collector affixes specimen(s) seal(s) to specimen(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 above was collected, labeled, sealed and released to the Delivery Service noted below.

**SPECIMEN RELEASED TO:**

Signature of Collector \_\_\_\_\_ Time of Collection \_\_\_\_\_ AM/PM  
(PRINT) Collector's Name (First, MI, Last) \_\_\_\_\_ Date (Mo./Day/Yr.) \_\_\_\_\_ Name of Delivery Service Transferring Specimen to Lab \_\_\_\_\_

**RECEIVED AT LAB:**

Signature of Accessioner \_\_\_\_\_ Primary Specimen Seal Intact  Yes  No, Enter Remark \_\_\_\_\_  
(PRINT) Accessioner's Name (First, MI, Last) \_\_\_\_\_ Date (Mo./Day/Yr.) \_\_\_\_\_ **SPECIMEN 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; collection device 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 each collection device is correct.

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

**Seal A:** Date \_\_\_\_\_ Donor's Initials \_\_\_\_\_

**Seal B:** Date \_\_\_\_\_ Donor's Initials \_\_\_\_\_

**Seal T:** Date \_\_\_\_\_ Donor's Initials \_\_\_\_\_

Barcode: N0371658



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REMARKS

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STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

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

**SPECIMEN RELEASED TO:** \_\_\_\_\_  
Name of Delivery Service Transferring Specimen to Lab

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

**Primary Specimen Seal Intact:**  Yes  No, Enter Remark \_\_\_\_\_

**SPECIMEN 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; collection device 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 each collection device is correct.

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

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

NEGATIVE  POSITIVE  TEST CANCELLED  REFUSAL TO TEST BECAUSE  
 DILUTE  ADULTERATED  SUBSTITUTED

REMARKS \_\_\_\_\_

Signature of Medical Review Officer \_\_\_\_\_ (PRINT) Medical Review Officer's Name (First, MI, Last) \_\_\_\_\_ Date (Mo./Day/Yr.) \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING THE FRONT OF THIS FORM  
LEGAL TOXICOLOGY REQUEST**

**Note:** Complete all areas that are not preprinted. The highlighted areas are required to process the specimen.

**Step 1: Completed by Collector or Employer Representative**

- A. Employer Name:** When not preprinted, provide the name, address, phone number and contact person of Address, I.D. No. the company requesting the testing services.
- B. MRO:** If applicable, provide the name, address, and phone number of the Medical Review Officer (MRO).
- C. Donor Name:** Provide the donor's name in the space provided, unless the employer has requested that the donor's name not be used. If not used and the donor refuses to provide their social security number, use some other ID like drivers license or employee ID number.
- Donor SSN:** Fill in the donor's social security number. It is not required that the donor provide the number; so if they refuse, use some other ID number.
- D. Reason for Test:** Mark the box which indicates the reason the donor has presented for testing.
- E. Drug Tests to be Performed:** Mark the box which indicates the tests to be performed by the laboratory, if not preprinted.
- F. Collection site**
  - Address:** Complete the name and address of the collection site, if not preprinted.
  - Collection site Phone No.:** Complete the phone number of the collection site, if not preprinted.
  - Collection site Fax No.:** Complete the fax number of the collection site, if not preprinted.

**Step 2: Completed by Collector**

- Specimen Collection:** Mark the appropriate box whether Split or Single and mark the specimen type Urine, Oral Fluid, or Hair.
- Collection:** Enter a remark in the REMARKS space for the reason if none was provided.  
Mark the box when donor ID is verified by reviewing drivers license or other picture ID.  
Mark the Observed box if an observed collection is being performed.

**REMARKS:** Use this remarks area to document any issues or irregularities about the collection.

**Step 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.**

See Sample Collection Procedure provided on this document.

**Step 4: Chain of Custody – Initiated by Collector and Completed by Laboratory.**

Complete the Collectors area by Printing and Signing your name along with filling in the boxes with the time and date of collection. Make sure to circle AM or PM.

Document the Delivery Service provider that is transporting the specimen to the laboratory by writing in the Specimen Bottle(s) Released To: section. This could be Courier, Federal Express, Airborne, or other means.

**DO NOT FILL OUT ANY INFORMATION IN THE RECEIVED AT LAB SECTION.**

**Step 5: Completed by Donor** The donor should sign and print their name on the appropriate lines. Mark in today's date in the boxes as indicated along with writing in the donor's daytime phone number and Date of Birth. If the donor chooses to document medications they are taking, do so in the "REMARKS" section. **Note:** Should the donor refuse to complete any or all of this section, complete the collection process and send the specimen to the lab. Write refused on the donor's signature line if they chose to refuse.

Distribute copies of the requisition as indicated by the marginal at the bottom of each copy. If an MRO is not used, maintain copy at collection site or shred.

Place the laboratory copy of this form in the transport container with the sample.

Seal transport container with tamper-resistant seal labeled "BOX SEAL" provided.

**SAMPLE COLLECTION PROCEDURE FOR FORENSIC  
URINE DRUG SCREENS**

- < This procedure follows the guidelines issued for any forensic drug collection and is based on Federal Government regulations.
- < This procedure is for unobserved collections.

1. Please ask the donor to present photo identification. Check the photo identification to ensure its accuracy. If no photo identification is available, the employer's representative must identify the donor.
2. Ask the donor to remove garments such as hats, coats, or jackets that might conceal items or substances that could be used to tamper with or adulterate the individual's urine specimen. Ensure that all personal belongings such as purse or briefcase remain with the outer garments in a secure area. The individual may retain his or her wallet.
3. Instruct the donor to wash and dry hands in your view.
4. Open the prepackaged collection kit in the presence of the donor.
5. Remove the larger urine collection cup from the kit and hand it to the donor.
6. In the privacy of the restroom have the donor collect at least 30 ml of urine specimen for a single collection, or 45 ml for a split specimen collection.
7. Immediately upon exiting the restroom have the donor hand the container to the collector.
8. If the donor is unable to collect 30 ml for a single collection or 45 ml for a split collection, discard the original specimen and have the donor try again after reasonable fluid consumption. Use the original cup.
9. Read and record the temperature indicator by the temperature tape at the bottom of the collection cup within 4 minutes of the collection.
10. While the donor is still in your presence pour at least 30 ml into one bottle, and if split specimen is being collected, at least 15 ml into second bottle.
11. **FOR SINGLE SPECIMEN COLLECTION ONLY**  
Secure cap on specimen bottle (containing at least 30 ml of urine) and affix specimen bottle seal labeled "A" over the cap and down the sides of the specimen bottle.  
**FOR SPLIT SPECIMEN COLLECTIONS ONLY**  
Secure Caps on both specimen bottles and affix specimen bottle seal labeled "A" over the cap and down the sides of the primary specimen (bottle containing at least 30 ml of urine).  
Affix specimen bottle seal labeled "B" on the split specimen (bottle containing at least 15 ml of urine) in the same manner.
12. Place the sealed container into the pouch of the enclosed plastic bag containing the desiccant. Place the Chain of Custody into the other pouch and close the bag securely. Place the bag with the sealed container and chain of custody into the transport box if provided.
13. Seal transport container with BOX SEAL provided on front of this form.
14. The donor can now wash their hands and is free to leave the collection site.

Test	Order Code	Cannabidiol	Cocaine	Opiates	PCP	Amphetamines	Barbiturates	Benzodiazepines	Nicotine	Propylthiouracil	Valproic Acid	Alcohol	Urine Opiates	Alternate Amphetamines
Non-Federal Five	DFWS0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5 W/Alcohol	DFWS0A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5 W/ALTOPS	DFWS0B	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5 W/ALTAMP	DFWS0C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5W/ALC/ALTOPS	DFWS0D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5W/ALC/ALTAMP	DFWS0E	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5W/AC/AO/PAAMP	DFWS0F	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5W/ALTAMP/ALTOP	DFWS0G	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ten Panel	EDSS0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10 W/Alcohol	EDSS0A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10 W/ALTOPS	EDSS0B	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10 W/ALTAMP	EDSS0C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10W/ALC/ALTOPS	EDSS0D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10W/ALC/ALTAMP	EDSS0E	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10W/AC/AO/PAAMP	EDSS0F	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10W/ALTOALTAMP	EDSS0G	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Alternate Opiates														
Alternate Amphetamines														

Hydrocodone, Oxycodone, Hydromorphone  
MDMA (Ecstasy), MDA



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C. Donor Name Or Other ID \_\_\_\_\_  
Last - First

Donor SSN \_\_\_\_\_

D. Reason for Test:  Pre-employment  Random  Reasonable Suspicion/Cause  Post Accident (specify type) \_\_\_\_\_  
 Return to Duty  Follow-up (specify) \_\_\_\_\_  Other (specify) \_\_\_\_\_

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Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F?  Yes  No, Enter Remark \_\_\_\_\_

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**X** \_\_\_\_\_ Signature of Collector  
\_\_\_\_\_ (PRINT) Collector's Name (First, MI, Last)

\_\_\_\_:\_\_\_\_ AM/PM Time of Collection  
\_\_\_\_/\_\_\_\_/\_\_\_\_ Date (Mo./Day/Yr.)

**SPECIMEN RELEASED TO:**  
\_\_\_\_\_ Name of Delivery Service Transferring Specimen to Lab

**RECEIVED AT LAB:**  
**X** \_\_\_\_\_ Signature of Accessioner  
\_\_\_\_\_ (PRINT) Accessioner's Name (First, MI, Last)

\_\_\_\_/\_\_\_\_/\_\_\_\_ Date (Mo./Day/Yr.)

**Primary Specimen Seal Intact**  
 Yes  No, Enter Remark \_\_\_\_\_

**SPECIMEN RELEASED TO:**

STEP 5: COMPLETED BY DONOR

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**X** \_\_\_\_\_ Signature of Donor  
\_\_\_\_\_ (PRINT) Donor's Name (First, MI, Last)

\_\_\_\_/\_\_\_\_/\_\_\_\_ Date (Mo./Day/Yr.)

(\_\_\_\_) \_\_\_\_\_ Daytime Phone No.

\_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth (Mo./Day/Yr.)





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**SPECIMEN RELEASED TO:**  
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**RECEIVED AT LAB:**  
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\_\_\_\_\_ (PRINT) Donor's Name (First, MI, Last) \_\_\_\_\_ Date (Mo./Day/Yr.)

(\_\_\_\_) \_\_\_\_\_ Daytime Phone No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ (Mo./Day/Yr.)

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See Sample Collection Procedure provided on this document.

**Step 4: Chain of Custody - Initiated by Collector and Completed by Laboratory.**

Complete the Collectors area by Printing and Signing your name along with filling in the boxes with the time and date of collection. Make sure to circle AM or PM.

Document the Delivery Service provider that is transporting the specimen to the Laboratory by writing in the Specimen Bottle(s) Released To: section. This could be Courier, Federal Express, Airborne, or other means.

**DO NOT FILL OUT ANY INFORMATION IN THE RECEIVED AT LAB SECTION.**

**Step 5: Completed by Donor** The donor should sign and print their name on the appropriate lines. Mark in today's date in the boxes as indicated along with writing in the donor's daytime phone number and Date of Birth. If the donor chooses to document medications they are taking, do so in the "REMARKS" section. Note: Should the donor refuse to complete any or all of this section, complete the collection process and send the specimen to the lab. Write refused on the donor's signature line if they chose to refuse.

Distribute copies of the requisition as indicated by the marginal at the bottom of each copy. If an MRO is not used, maintain copy at collection site or shred.

Place the laboratory copy of this form in the transport container with the sample.

Seal transport container with tamper-resistant seal labeled "BOX SEAL" provided.

**SAMPLE COLLECTION PROCEDURE FOR FORENSIC  
URINE DRUG SCREENS**

< This procedure follows the guidelines issued for any forensic drug collection and is based on Federal Government regulations.

< This procedure is for unobserved collections.

- Please ask the donor to present photo identification. Check the photo identification to ensure its accuracy. If no photo identification is available, the employer's representative must identify the donor.
- Ask the donor to remove garments such as hats, coats, or jackets that might conceal items or substances that could be used to tamper with or adulterate the individual's urine specimen. Ensure that all personal belongings such as purse or briefcase remain with the outer garments in a secure area. The individual may retain his or her wallet.
- Instruct the donor to wash and dry hands in your view.
- Open the prepackaged collection kit in the presence of the donor.
- Remove the larger urine collection cup from the kit and hand it to the donor.
- In the privacy of the restroom have the donor collect at least 30 ml of urine specimen for a single collection, or 45 ml for a split specimen collection.
- Immediately upon exiting the restroom have the donor hand the container to the collector.
- If the donor is unable to collect 30 ml for a single collection or 45 ml for a split collection, discard the original specimen and have the donor try again after reasonable fluid consumption. Use the original cup.
- Read and record the temperature indicator by the temperature tape at the bottom of the collection cup within 4 minutes of the collection.
- While the donor is still in your presence pour at least 30 ml into one bottle, and if split specimen is being collected, at least 15 ml into second bottle.
- FOR SINGLE SPECIMEN COLLECTION ONLY**  
Secure cap on specimen bottle (containing at least 30 ml of urine) and affix specimen bottle seal labeled "A" over the cap and down the sides of the specimen bottle.
- FOR SPLIT SPECIMEN COLLECTIONS ONLY**  
Secure Caps on both specimen bottles and affix specimen bottle seal labeled "A" over the cap and down the sides of the primary specimen (bottle containing at least 30 ml of urine).  
Affix specimen bottle seal labeled "B" on the split specimen (bottle containing at least 15 ml of urine) in the same manner.
- Place the sealed container into the pouch of the enclosed plastic bag containing the desiccant. Place the Chain of Custody into the other pouch and close the bag securely. Place the bag with the sealed container and chain of custody into the transport box if provided.
- Seal transport container with BOX SEAL provided on front of this form.
- The donor can now wash their hands and is free to leave the collection site.

Test	Order Code	Cannabidiol	Cocaine	Opiates	PCP	Amphetamine	Barbiturates	Phenothiazines	Mephedrone	Propylhex	Mephedrone	Alcohol	Alternate Opiates	Alternate Amphetamines
Non-Federal Five	DFW50	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5 W/Alcohol	DFW50A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5 W/ALTOPS	DFW50B	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5 W/ALTAMP	DFW50C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5W/Alc/ALTOPS	DFW50D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5W/Alc/ALTAMP	DFW50E	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5W/Alc/AOP/AAMP	DFW50F	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5W/ALTAMP/ALTOP	DFW50G	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ten Panel	EDS50	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10 W/Alcohol	EDS50A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10 W/ALTOPS	EDS50B	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10 W/ALTAMP	EDS50C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10W/Alc/ALTOPS	EDS50D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10W/Alc/ALTAMP	EDS50E	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10W/Alc/AOP/AAMP	EDS50F	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10W/ALTAMP	EDS50G	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Alternate Opiates Hydrocodone, Oxycodone, Hydromorphone  
 Alternate Amphetamines MDMA (Ecstasy), MDA