CHAIN OF CUSTODY INSTRUCTIONS

1. Top (center of form) is V1180 - which is our main account, enter your sub account number to the right side of the main account number.

| Alere 150 Soaren.1496 Pland Alere Toxicology Services, Inc. 1111 Newton St., Gretna, LA. 70053 (504) 361-8989 (800) 433-3823 11435-457-1076 STEP 1. TO BE COMPLETED BY COLLECTOR OR. | | 700621828 specimen id number 700621828 |
|--|---|---|
| A. Employer Name. Address and / or ID 1 = STEEP DETECT/SENERIC 1474 F007E 51 1EFFERSON HILLS, PA 15025 412-544-8060 412-364-8260 | Focility Number | B. MRO Name and Address |
| C. Name / I.D.: | | |
| PRINT ALL, IN CAPS, Donor Name (Last, First, MI | loave speed between names/ID/Assalismy Data | |
| D. Donor SSN or Employee ID No: | | |
| E. Reason for Test: Pre-Employment Random | Reasonable Suspicion / Cause Post | at Accident Return to Duty Follow-up Other |
| STEP 2: TO BE COMPLETED BY COLLECTOR - | Specimen temperature must be read within | 4 minutes of collection. Split Specimen Yes Observed |

- 2. As specified in section C- Donor Name, section D- SS no# or Id no#, section E- reason for test
- 3. Step 3 & 4 is where the Collector fills in their information Collector name, collection date, time of collection, etc.
- 4. Donor information is needed- name, phone number, date of birth, etc.
- 5. Step 6 is very important: THIS IS WHERE YOU MUST MARK WHAT TEST YOU WANT DONE. If the test is not listed on the form, write it in, ex: Buprenorphine, K-2 Spice, etc. If nothing is marked on the form, it will automatically default to a 9 panel screen. It is very important to mark what drug needs to be tested.
- 6. The last step will be to have the Donor initial and date the Seal that is on the form, which will be placed over the cup that is being sent in to the Lab. If the cup is not sealed, it will be automatically rejected.

 Be sure the paperwork is sent in with the sample.