

Place ESR Barcode
here

Place CMS Barcode
here

Drug Testing & Chain of Custody Form - DONOR DETAILS

Surname:		Given Name:	
Date of Birth		Photo ID:	
Requestor / Employer:	ESR – referrer code AODTC	Bill to:	Bill code: AODTC ESR-Forensic Specialised Analytical

Email result to: esr.humanresources@esr.cri.nz

ULTRA Panel code: DRG **CMS SCL - PROSCREEN (\$82.00)**
eResults code: FIPA2 **CMS LTA - Onsite Drug Screen (Non-funded) (\$84 inc admin fee)**

Reason for test: Pre-employment Random Post-incident Reasonable cause
 Other

Medications/Supplements:

Specimen: Urine **Drug Test Cup Lid** Lot Number: Expiry:

Temp. 33-38°C Yes No ⇨ Temperature checked within 4 minutes: Yes No

Integrity Tests: Pass Fail (if fail tick ⇨) Oxi/Blea SG pH Glut Nit Crea

Drug/Drug Class:	AMP	COC	BZO	MET	MOR	THC CANNABINOIDS
Screening Test Result:	<input type="checkbox"/> Negative <input type="checkbox"/> Not Negative	<input type="checkbox"/> Negative <input type="checkbox"/> Not Negative	<input type="checkbox"/> Negative <input type="checkbox"/> Not Negative	<input type="checkbox"/> Negative <input type="checkbox"/> Not Negative	<input type="checkbox"/> Negative <input type="checkbox"/> Not Negative	<input type="checkbox"/> Negative <input type="checkbox"/> Not Negative

Donor Certification/Consent/Declaration: (to be completed by donor or parent/guardian) I certify that the urine specimen associated with this form is my own and was provided by me to the authorised collector. I certify that the information provided on this form is correct and I consent to the release of all test results and all relevant details on this form to the company representative(s) identified above. I understand that no interpretation of results will be provided by the laboratory. I consent to referral of my sample to the laboratory if required, and I certify that for any of my samples that are to be sent for laboratory testing, the containers were sealed in my presence with tamper-proof seals and that the information on the labels is correct.

Donor Signature: Date:
 Donor Phone Number:

Collector Certification:
 I certify that I witnessed the donor signature and that the specimen identified on this form was provided to me by the donor whose consent and certification appears above, bears the same identification as set forth above, and that the specimen has been collected, tested, divided, labelled and sealed in accordance with the Standard AS/NZS 4308:2008.

Collector Name: Collector Signature:
 NZQA Certified: Yes No

Tubes barcoded
 Donor name & initials on tubes

Comments:

Place CMS Summary label here

Referred for Laboratory Testing: Confirmation only Screen & Confirmation *Courier Tracking #*

<p>Referral Laboratory Use Only – Chain of Custody</p> <p style="text-align: right;">Number of Tubes: <input style="width: 30px;" type="text"/></p> <p>Received by:</p> <p>Date/Time:</p> <p>Signature:</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Specimen ID on form and tube match <input type="checkbox"/> Specimen tubes, box and bag seals intact <input type="checkbox"/> Collector's signature/certification correct <input type="checkbox"/> Specimen appearance acceptable </div> <div style="width: 45%;"> <input type="checkbox"/> Specimen correctly labelled <input type="checkbox"/> Donor declaration/signature completed <input type="checkbox"/> Required information complete and legible <input type="checkbox"/> Specimen volume adequate </div> </div>
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