

CHAIN OF CUSTODY FORM - DRUG TEST

Specimen ID: _____ Test Type: _____

Donor Information:

Full Name: _____

Date of Birth: _____

Identification Number: _____

Collection Site Information:

Site Name: _____

Collector Name: _____

Collector ID #: _____

Specimen Collection:

Date/Time Collected: _____

Temperature (°F): _____ Normal Range: _____

Collection Method: _____

Specimen Information:

Specimen Type: _____

Specimen ID / Seal Number: _____

Specimen Volume: _____

Date/Time	Person Receiving Custody	Signature	Remarks

Certification by Collector:

I certify that the specimen was collected in accordance with DOT/Agency regulations and procedures, that all information provided is true and correct to the best of my knowledge, and that the chain of custody has been maintained without interruption or tampering.

Collector Name: _____

Collector Signature: _____

Date/Time: _____

Certification by Laboratory:

I certify that the specimen was received in acceptable condition, and that the analysis was conducted in accordance with established procedures and applicable regulations.

Laboratory Name: _____

Laboratory Representative Name: _____

Signature: _____

Date/Time: _____

Notes and Remarks:

Collector Signature

Donor Signature

Laboratory Representative Signature

Signature: _____ Signature: _____ Signature: _____

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