CHAIN OF CUSTODY FORM FOR COLLECTION OF URINE FOR PURPOSES OF A RAPID DRUG TEST

Reason for test: ( ) Pre Employment, non-regulated, non-DOT
( ) Post Accident, non-regulated, non-DOT

Employer: _____

Designated Employer Representative (DER): _____ Phone #: _____

I authorized Petersburg Medical Center to collect a split (A&B) urine sample on the below named employee for the purpose of a rapid drug screen. As the DER, I understand the limitations of this test. If the rapid test result is positive on sample B, sample A will be sent to a certified laboratory for drug screen analysis. Results will be sent to your secure fax number (please provide below).

DER Signature: _____ Secure Fax #: _____

_____

I authorize Petersburg Medical Center to receive my urine sample for the purpose of drug testing and this sample will be split into A & B secure vials. I understand the results of my drug test will be given to my employer and I will not receive a copy of these results. I understand that I am not required to provide medication information, though I may want to keep a list for myself.

I understand that if there are any irregularities with the collection process, this collection will be halted and my employer will be contacted for further direction. Irregularities include temperature out of range, short sample, or suspicion of adulteration of the sample. If my urine on sample B tests positive my employer may elect to send sample A, along with the chain of custody, to a reference laboratory for confirmation.

Employee (Print): _____ Signature: _____

Employee DOB: _____ Identification: _____

Date/Time Collected: _____ Received by (Print): _____ (Signature):_____
Temperature between 90-100º F: ( )YES ( )NO

CHAIN-OF-CUSTODY

Date/Time	Released by (Signature & ID#)	Received by (Signature & ID#)	Comments/Location
			Seal intact?
			Seal intact?

Test performed by: _____ Date/Time Performed: _____ Date/Time Reported: _____

Confirmatory Testing: ☐ Not Indicated
☐ Indicated * due to ☐ Indeterminate result OR ☐ Positive result requiring confirmation
☐ Declined Confirmation

* DER Notification: _____ Date/Time: _____